

**Emergency Support Function #5
Emergency Management**

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**Emergency Support Function #5
Emergency Management**

Approval and Implementation

This document was developed by Emergency Support Function #5 in accordance with national, state, and local regulations regarding the implementation of this Emergency Support Function. This document follows the National Incident Management System and meets the coordination objectives of local emergency response organizations. By signature, the entities below accept this document as standard practice for prevention, mitigation, preparedness, response, and recovery during emergency operations.

Dorian Herrell, Coordinator, Department of Public Safety, Office of Emergency Management and Homeland Security Division

Signature: _____ Date: _____

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Record of Changes

Changes listed below have been made to the City of Newark, New Jersey Emergency Support Function #5 since its promulgation.

#	Date	Section	Summary of Change	By (Name/Title/Organization)
	12/8/16	Pg.3	Personal/Agency Change	Juba Dowdell-OEM Deputy Coordinator
	12/8/16	Pg. 7,14-15,19-20,26	Personal/Agency/Position Change-Police/Fire/OEM	Juba Dowdell-OEM Deputy Coordinator
	12/8/16	Pg. 14	Office Change-Fire	Juba Dowdell-OEM Deputy Coordinator
	12/8/16	Pg. 17	Personal Addition-Public Safety Director	Juba Dowdell-OEM Deputy Coordinator
	12/8/16	Pg.19	CNEOC Organization Change-Public Safety Director	Juba Dowdell-OEM Deputy Coordinator
	12/8/16	Pg.28-32, 35	Agency Name Change-OEM	Juba Dowdell-OEM Deputy Coordinator
	12/8/16	Pg.34	Appendix 5.7 EOC SOP Personal Change	Juba Dowdell-OEM Deputy Coordinator

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**Emergency Support Function #5
Emergency Management**

Primary Agency	City of Newark, Department of Public Safety Office of Emergency Management & Homeland Security Division 480 Clinton Avenue Newark, New Jersey 07108 Phone: 973) 877-9261
Coordinator	Dorian Herrell, Coordinator Office of Emergency Management & Homeland Security Division City of Newark, Department of Public Safety 480 Clinton Avenue Newark, New Jersey 07108 Phone: (973) 877-9262 Email: herrelld@ci.newark.nj.us
Alternate Coordinator	Juba Dowdell, Deputy Coordinator Office of Emergency Management & Homeland Security Division City of Newark, Department of Public Safety 480 Clinton Avenue Newark, New Jersey 07108 Phone: (973) 877-9262 Email: dowdellj@ci.newark.nj.us
Support Agencies	City of Newark Department of Health & Community Wellness City of Newark Department of Engineering City of Newark Emergency Medical Services City of Newark Emergency Public Information Group City of Newark Fire Division City of Newark Office of the Business Administrator City of Newark Police Division Essex County Office of Emergency Management
State Support	New Jersey Office of Emergency Management
Volunteer Support	American Red Cross Community Emergency Response Team

The Emergency Support Function #5 Coordinator maintains contact information for all Support Agencies, State Support, and Volunteer Support. See Base Plan Appendix 4.2 (BPA 4.2).

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I. Introduction

A. Purpose

The purpose of Emergency Support Function #5, Emergency Management (ESF #5), is to facilitate coordination of emergency response activities and provide available City of Newark emergency management resources for support of emergency response activities within the City of Newark. Operations executed by ESF #5 include, but are not necessarily limited to, the following:

- § Establish policies, procedures, and mechanisms for the centralized coordination and emergency management of response efforts, and the effective collection, processing, and dissemination of pertinent information during potential or actual emergency situations
- § Coordinate the distribution of commodities between county and municipal agencies
- § Ensure all emergency management capabilities are tested, evaluated, and updated for immediate implementation

B. Scope

This ESF coordinates operations by the City of Newark related to emergency management at the time of an emergency. This ESF is an integral component of the *City of Newark Emergency Operations Plan* (EOP) and, as such, is intended to be implemented within the policy and operational framework of the EOP. Operations of ESF #5 are therefore intended to be fully integrated with other activated City of Newark ESFs.

During an emergency that extends beyond the City of Newark jurisdictional boundaries, it could be necessary for ESF #5 to conduct operations in an autonomous manner, working with ESF #5 Committees at the municipal, county, state, and federal levels to: identify needs and problem areas related to emergency management; formulate mission assignments addressing those needs or problems; and implement mission assignments. ESF #5 could also work directly with ESF #5 Committees of neighboring jurisdictions within the New Jersey Urban Area Security Initiative (UASI) Region, the New York-New Jersey-Connecticut-Pennsylvania Area Regional Catastrophic Preparedness Grant Program (RCPGP), or within the framework of other memoranda of understanding (MOU), memoranda of agreement (MOA), or charter agreements in the event of large-scale or catastrophic emergencies.

II. Policies

The policies that govern the operations of this ESF, as well as the prioritization of mission assignments and resource allocation whenever necessary, are the following, in order of priority:

- € Conduct or assist in operations necessary to reduce the imminent threat of danger, or support other operations directly intended to prevent or minimize injury or illness to the impacted population
- € Support emergency response operations being conducted by other City of Newark ESFs, or by neighboring jurisdictions, when necessary
- € Gather situational awareness information in support of emergency response operations
- € Support recovery operations being conducted by the City of Newark
- € Support emergency preparedness activities being conducted by the City of Newark

Refer to *New Jersey Emergency Operations Plan, ESF #6* for policies and procedures relating to commodities distribution at the state level.

III. Situation and Assumptions

A. Situation

The activation of this ESF is predicated by an emergency of such severity and magnitude that it requires the resources and capabilities of ESF #5. Identification of the various hazards the City of Newark faces and the likely consequences for emergency operations can be found in the Hazard Assessment, Appendix BPA-1 of the EOP.

For example, Appendix BPA-1 indicates that there are several emergency situations that could require coordinated response and planning within the City of Newark. ESF #5 plays a key coordinating role with local, state and federal agencies for planning, response, mitigation and recovery for all hazards.

Three values, i.e., relative risk, consequence category, and level of ESF involvement are shown in the following excerpt from Appendix BPA-1. These three values, taken in combination, provide a means of identifying hazards which may be of greatest concern. For example, a hazard with high consequences and a high level of ESF involvement is most likely to overwhelm local resources. If the relative risk for such a hazard is also high, then it ought to be a priority for planning purposes.

The relative risk is a function of probability, impacts, and advance warning. Details of how these values were developed are indicated in BPA-1.

The consequences of each hazard were categorized as follows:

1. Most severe impacts to property and infrastructure, i.e., services are disrupted and/or structures are damaged, but there are little or no injuries or casualties; a major power outage is an example of this type of catastrophic event.
2. Most severe impacts to people. Low impacts to property and infrastructure, i.e., people and/or animals are affected, but there is little impact on structures or infrastructure; for example, an epidemic affecting a large proportion of the population
3. High impacts to people, property, and infrastructure, people, animals, structures and infrastructure are potentially impacted; widespread flooding over the NJ UASI Region is a relevant example

In addition to this categorization, each hazard was assigned a value regarding the anticipated level of involvement for each ESF. These are as follows:

1. ESF will have limited or no involvement
2. ESF will be main and/or sole focus of response and recovery efforts
3. Coordinated effort will be required between multiple ESFs

Category	Risk #	Risk Description	Relative Risk Rankings	Consequence	ESF #5 – Involvement
Natural Hazards	N-1	Drought	1.0	2	1
	N-2	Earthquakes	2.6	3	2
	N-3	Extreme Heat	1.8	2	1
	N-4	Floods	2.8	3	2
	N-5	Geologic Hazards	1.8	1	1
	N-6	Hail	1.4	1	1
	N-7	Hurricanes / Tropical Storms	2.6	3	2
	N-8	Lightning	1.8	1	1
	N-9	Nor'easters	2.6	3	2
	N-10	Tornadoes and High Winds	2.0	3	2
	N-11	Winter Storms	2.2	1	2
Technological Hazards	T-1				
	T-2				
	T-3				
	T-4				
	T-5				
	T-6				
	T-7				
Intentional Acts (Human Caused)	I-1				
	I-2				
	I-3				
	I-4				
	I-4.1				
	I-4.2				
	I-4.3				
	I-5				
Utility	U-1	Utility Disruption	2.2	1	1
Biological Hazards	B-1	Animal Disease (non-terror)	1.4	2	1
	B-2	Pandemic/Infectious Disease	1.6	2	1
	B-3				
	B-3.1				
	B-3.2	Foreign Animal Disease	1.4	2	1

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B. Planning Assumptions

Implementation of this ESF is based on the following general planning assumptions:

- ⌘ Personnel and resources of the primary and supporting agencies will be available on a timely basis for utilization in emergency response activities
- ⌘ As needed, the primary and support agencies will implement their Continuity of Operations/Continuity of Government Plans and/or take other such actions to ensure the availability of personnel and resources
- ⌘ Facilities and systems necessary for implementation of this ESF will not be damaged, or, if damaged, will be operating out of an alternate facility until the primary facility is restored to service

Implementation of this ESF is also based on the following specific planning assumptions:

- ⌘ ESF #5 is intended to be fully consistent with the Essex County ESF #5, New Jersey ESF #5 and ESF #5 of the Department of Homeland Security National Response Framework, to facilitate efficient coordination of operations, sharing of resources, and timely completion of mission assignments.

IV. Concept of Operations

A. General

This ESF is responsible for meeting the emergency management-related needs of the City of Newark emergency response operations to establish policies, procedures, and mechanisms for the centralized coordination and emergency management of response efforts. This ESF is activated upon the request of the City of Newark Emergency Operations Center (CNEOC) or Incident Commander (IC) and functions under the supervision and coordination of the City of Newark Office of Emergency Management (CNOEM) & Homeland Security. The designated support agencies provide assistance and resources to the CNOEM upon request. The ESF #5 Coordinator shall then implement mission assignments based on requests from other City of Newark ESFs, field Command Staff, and designated Operations and Logistics Section Liaisons of the Incident Command System (ICS) in the CNEOC funneled through the CNEOC Manager, in accordance with the incident action plan approved by the IC and Policy Group.

In addition to coordination with ESF #5 designated support agencies, due to the pivotal coordination role, ESF #5 shall interact regularly with all other ESFs within the City of Newark.

Government-owned resources available to implement mission assignments of ESF #5 are identified and catalogued in the New Jersey Resource Directory Database (RDDDB). See Appendix 5.1, Resource Directory Database (RDDDB). The primary and support agencies shall access the RDDDB through the MyNewJersey portal site. MOUs, MOAs, and mutual aid agreements (MAAs) with other jurisdictions are also included as an attachment. See Appendix 5.2, Mutual Aid Agreements.

The CNEOC has no standard operating procedures (SOPs) that address how the emergency operations center function shall accomplish their emergency response.

All participating agencies shall utilize their existing SOPs including, but not limited to, the following:

- £ Police Division
- £ Fire Division
- £ Emergency Medical Services (EMS)

Verbal MAAs for emergency operations center functions exist with: Essex County, New Jersey Office of Emergency Management (NJOEM), the American Red Cross (ARC), and the City of Newark EMS.

The designated EOC for the City of Newark is the Office of Emergency Management, Homeland Security & Preparedness 480 Clinton Avenue, Newark, NJ 07108. This building is a three-story structure with the first floor occupied by the Newark Police Division 5th Precinct. The second floor is occupied by the Director of Public Safety and the Chief of Police as well as other Department of Public Safety Executive offices. The third floor is the Department of Public Safety's Office of Emergency Management Division and the Office of the Fire Chief; which includes several conference rooms, a 108 position communication room; the OEM Coordinator's office and the office of the Mayor. There are also several rooms allocated to State and or Federal agencies, temporarily being used by Newark Police MIS unit.

CNEOC is designed to operate in the event of any kind of emergency situation that the City of Newark could experience. The CNEOC is prepared to open and begin to operate at the first warning of a potential emergency, which could affect the City of Newark. The CNEOC is in communication with neighboring CNEOCs, the Essex County EOC (ECEOC), and other resource agencies for the purpose of providing a mutual support capability.

The Deputy Coordinator or designee shall receive information concerning an actual or potential emergency, and shall advise the Director of Public Safety whether or not to open the CNEOC. A crisis management staff shall be assembled to operate the CNEOC. The CNEOC crisis management staff shall consist of trained individuals to handle all phases of emergency management response. CNEOC personnel shall be familiar with relevant New Jersey law, the City of Newark EOP, and the operations and resources of the CNOEM.

The CNEOC organization has the capabilities to communicate and coordinate with all the municipal services of the City of Newark.

As noted in the Base Plan, Section IV. Direction, Control, and Coordination, the primary CNEOC is located at 480 Clinton Avenue, Newark, New Jersey.

In the event that the CNEOC cannot be used, an alternate CNEOC shall be established at:

City of Newark Department
311 Washington Street
Newark, New Jersey 07102

In addition, the CNOEM has a mobile EOC which is normally housed at the CNEOC, 480 Clinton Avenue, Newark, New Jersey.

B. Notification and Mobilization

The IC shall be responsible for notifying the CNOEM of the need to activate ESF #5, and informing the CNOEM on a timeline for activation. The CNOEM shall notify their agency staff assigned to the ESF and request their deployment to the CNEOC and other pre-designated locations. See Appendix 5.3, Recall/Duty Roster and Appendix 5.4, Pre-Designated Locations, Meeting Points, and Points of Distribution. In addition, the ESF #5 Coordinator shall notify the support agencies of the ESF activation and, as required by the emergency, request mobilization and deployment of personnel and/or resources to pre-assigned locations, or to remain on standby for mobilization and deployment.

Mobilization of personnel by the CNOEM shall include, at a minimum, assignment of at least one individual to the CNEOC to staff the ESF #5 position. Depending on the level of activation of the CNEOC and the size of the emergency response operation, this individual could also serve as the representative for other ESFs for which the department is a primary or supporting agency.

Detailed emergency response and CNEOC notification and mobilization procedures can be found in *Section II.C.3, Notifications of the EOP Base Plan*.

Private resource providers shall be contacted and advised of the activation of ESF #5 by the ESF #5 Coordinator and requested to mobilize or remain on standby, as required by the emergency.

C. Actions

This section describes the emergency management actions that could be required of ESF #5 to prevent, mitigate against, prepare for, respond to, and recover from the loss of life or property during emergencies.

1. Prevention

The following general prevention actions shall be taken in anticipation of the activation of ESF #5:

- € Work with ESF #13 and other intelligence agencies to evaluate and determine the need for heightened inspections, improved surveillance, and security operations.

2. Mitigation

The City of Newark identifies opportunities for, and undertakes, mitigation actions on an ongoing basis as part of the *All-Hazard Mitigation Plan for Essex County, New Jersey*. See Base Plan, Section IX.B.3.A for information regarding the *All-Hazard Mitigation Plan for Essex County, New Jersey*.

3. Preparedness

The following general preparedness actions shall be taken in anticipation of the activation of ESF #5:

- € Assess pre-emergency needs and develop plans to stage resources for rapid deployment
- € Maintain ESF #5 RDDB to be completed by primary and supporting agencies, and coordinated by the ESF #5 Coordinator
- € Maintain private contractor resource support database for ESF #5
- € Maintain relationships with NJOEM and neighboring jurisdiction ESF #5 primary agencies
- € Participate in drills and exercises to evaluate emergency response capabilities of ESF #5

Refer to New Jersey Emergency Operations Plan, ESF #6 for policies and procedures relating to commodities distribution at the state level.

4. Response

The following general response actions shall be taken for ESF #5 in the CNEOC:

- € Receive a briefing from the IC regarding the present situation and the immediate need for action
- € Establish an operation shift schedule consistent with the CNEOC as established by the CNEOC Manager for staffing ESF #5, if 24-hour operations are required due to the magnitude of the emergency. As required, ensure that an overlap of 15 minutes occurs between shifts so that staff can transfer all relevant information/processes.
- € Receive and execute mission assignments from other ESFs and the Command Staff

The following specific response activities shall also be undertaken by the primary and support agencies for ESF #5:

- € During periods of heightened risks, the CNEOC shall be notified of the impending situation via tone alert radios, telephones, and telephone pagers
- € Personnel shall be placed on standby for recall status for possible CNEOC activation
- € Personnel shall be recalled to standby at the CNEOC when needed for the activation
- € The Deputy CNEMC shall provide for the verification of the current recall roster for the CNEOC
- € All department heads shall be responsible for maintaining internal notifications rosters
- € During periods of prolonged activation, 24-hour staffing shall be accomplished by assigning CNEOC personnel and all representatives and their alternates to 12-hour shifts
- € The CNOEM staffing shall be provided by the Deputy Coordinator
- € Municipal department staffing shall be provided by respective department heads
- € Each municipal department or agency shall have the responsibility of maintaining the internal notification and recall rosters for their respective departments
- € The following key personnel are assigned to the CNEOC:
 - € Deputy CNEMC
 - € Mayor
 - € Public Safety Director
 - € Police Chief
 - € Fire Chief
 - € Director of the Department of Engineering
 - € EMS Officer
 - € Shelter Coordinator
 - € Public Information Officer
 - € Business Administrator
 - € Administrative support staff (i.e., secretaries, security)
- € When determinations have been made by the Deputy CNEMC to activate the Alternate CNEOC, the staff shall be relocated to the Alternate CNEOC by city owned vehicles. (i.e., assigned vehicles, other municipal vehicles such as vans)
- € Key personnel assigned to the CNEOC shall provide for the maintenance of current notification and the recall roster during this relocation phase
- € The assigned Communications Officer is required by SOPs to maintain a main key event log in the communications ledger
- € All radio transmissions and messages are recorded on a Dictaphone Recording System with quick recall playback capabilities
- € Individual department heads maintain their own logs in accordance with their respective SOPs
- € Field forces communicate with the CNEOC via two-way radios, telephone, and/or messengers
- € Personnel assigned to the field are responsible to update the IC who shall update the CNEOC of all emergency effects in the jurisdiction
- € Field force personnel shall follow the CNEOC SOPs
- }

- € The CNEOC shall normally be activated during the following conditions:
 - € Evacuation
 - € Damage assessment activities
 - € Large scale HAZMAT emergencies
 - € Any situation that would require a multi-agency and/or jurisdictional response
- € Normally, an ICP is functional during a municipal multi-agency response. (i.e., fire, traffic accidents, level I and II HAZMAT emergencies)
- € The procedures for securing the CNEOC after an emergency include, but are not limited to:
 - € Advising the CNEOC Staff of the decision to close the CNEOC
 - € Notify external agencies of termination
 - € Ensure all messages have been answered
 - € Terminate follow-up operation
 - € Secure equipment, clean area, replenish supplies
 - € Notify all department heads of operation briefings and reports

5. Recovery

For recovery operations, the organizational structure and method of coordination of this ESF shall remain the same as that used in emergency response operations. As the emergency response transitions into recovery, ESF #5 shall support mission assignments of ESF #14.

D. Communications

ESF #5 communications protocols and procedures shall be consistent with general emergency response communications protocols and procedures, managed by the Logistics Section in the CNEOC, the primary and supporting agencies of ESF #2, and as outlined in the *EOP Base Plan, Section VI, Communications*. This includes but is not limited to coordination in the development of ICS 205 forms.

E. Demobilization

In anticipation for demobilization of ESF #5 and the CNEOC, the CNOEM shall take the following actions:

- € Review all documentation of ESF #5 operations, expenditures, and personnel time to ensure completeness and accuracy
- € Track all ESF #5 mission assignments and ensure their completion
- € Prepare information, as necessary, to be used in recovery operations if the continued need for ESF #5 in recovery is anticipated
- € Inform the appropriate personnel of the primary and support agencies, as well as private vendor support, of the impending demobilization of ESF #5
- € Transmit all documentation to the IC or ESF #5 through the CNEOC Manager and request approval to demobilize
- € Demobilize ESF #5, with notification to all necessary organizations and individuals

V. Organization and Assignment of Responsibilities

A. Organization

The organizational chart shown in the EOP Base Plan, BPA-5, NIMS/ICS EOC ESF Structure illustrates the position of ESF #5 in the City of Newark emergency response ICS organization.

The CNEOC organization is comprised of the following representatives:

- § Deputy CNEMC
- § Public Safety Director
- § Police Chief or designated representative
- § Fire Chief or designated representative
- § Mayor or designated representative
- § Public Information Officer
- § Director of the Department of Engineering or designated representative
- § EMS Officer
- § Business Administrator or designated representative
- § Administrative support staff

B. Assignment of Responsibilities

This section designates the primary and support agencies for implementation of ESF #5.

1. ESF #5 Coordinator

The Coordinator CNOEM is designated as the ESF #5 Coordinator. The ESF #5 Coordinator responsibilities are as follows:

- § Overall coordination of the development of plans, annexes, and procedures for emergency response consistent with ESF #5 and for coordinating implementation in an emergency
- § Maintain all ESF attachments, to include checklists and contact lists
- § Ensure timely updates and maintenance of ESF #5 related resources in the RDDB
- § Ensure timely updates and maintenance of RDDB entries for all ESFs
- § Displays, maps, and status boards in the CNEOC
- § Maintaining adequate CNEOC supplies such as forms, office supplies, batteries, blankets, etc.

2. Primary Agency

CNOEM is the primary agency for this ESF. Of available City of Newark agencies, CNOEM has the trained technical personnel, resources, facilities, and systems most appropriate for implementing this ESF. CNOEM is specifically designated as the primary agency because of its normal day-to-day responsibilities, facilities, and equipment that support or facilitate the execution of establishing policies, procedures, and mechanisms for the centralized coordination and emergency management of response efforts. CNOEM responsibilities are as follows:

- § Support development of plans, annexes, and procedures for emergency response consistent with ESF #5 and implementation of ESF #5 in an emergency

€ Support process for updating and maintaining resources in the RDDB

- € Coordinate distribution of commodities between federal, state, county, and municipal agencies

3. Support Agencies

- a. City of Newark Department of Engineering
- b. City of Newark Department of Health & Community Wellness
- c. City of Newark EMS
- d. City of Newark Emergency Public Information Group
- e. City of Newark Fire Division
- f. City of Newark Office of the Business Administrator
- g. City of Newark Police Division
- h. ECOEM

All Support Agencies are responsible to provide ESF #5 RDDDB information. In addition, responsibilities of the Support Agencies shall be designated by the ESF #5 Coordinator depending on the nature and conditions related to specific emergencies.

4. State Support

- a. NJOEM

In addition, the ESF #5 Coordinator shall request support from State Agencies depending on the nature and conditions related to specific emergencies.

5. Volunteer Support

- a. Community Emergency Response Team (CERT)
- b. American Red Cross

In addition to any specific responsibilities listed above, the ESF #5 Coordinator shall request support from volunteer organizations depending on the nature and conditions related to specific emergencies. Requests for support from volunteer organizations shall be coordinated with ESF #6.

C. Emergency Support Function Continuity

There is a need for a line of succession for the ESF #5 Coordinator in order to ensure continuous leadership, authority, and responsibility. The CNEMC and the personnel working within this function shall be kept informed of the following line of succession:

1. Deputy CNEMC
2. Police Chief - Primary CNEOC
3. Fire Chief - Alternate CNEOC

When activated, ESF #5 operates from the City of Newark EOC, located at 480 Clinton Avenue, Newark NJ. Alternate locations are as designated in the City of Newark Base Plan Section IV: Direction, Control, and Coordination.

VI. Information Collection and Dissemination

Information collection and dissemination protocols and procedures shall be consistent with general emergency response information collection and dissemination protocols and procedures, managed by the Planning Section within the CNEOC, primary and supporting agencies of ESF #5, and outlined in the EOP Base Plan, Section V, Information Collection and Dissemination.

Essential records and logs shall be protected and preserved in accordance with standing departmental orders. Records and logs pertaining to ESF #5 shall be forwarded to the CNEMC to ensure that a complete record of the emergency is available for post operation analysis and possible use in litigation.

VII. Administration, Finance, Logistics

Primary and supporting agencies are responsible for ensuring they have access to the resources necessary to fulfill their responsibilities as described in this ESF. Primary and supporting agencies are expected to provide their own logistical support during response operations and provide reporting to the Logistics and Finance/Administration Sections through the ESF #5 Coordinator. Additional support shall be obtained through requests to the CNEOC Manager by the ESF #5 Coordinator.

As noted in the corresponding sections of each ESF, in the event that a particular ESF's resources are overwhelmed, the corresponding ESF Coordinator shall contact the CNEOC Manager who shall request assistance through ESF #5. ESF #5 shall coordinate assistance from Essex County, NJOEM, or other agencies via MOU and MOA and notify the IC. Where appropriate, the requests shall be made using Pre-Scripted Mission Requests (PSMRs) located in Appendix 5.10.

All agencies are expected to finance operations and expenditures from their existing budgets. All response agencies shall accurately track and document all expenditures associated with response operations, and provide this information to the ESF #5 Coordinator who shall transmit this information to the CNEOC Manager. The CNEOC Manager shall then transmit all documentation to the Time Unit in the Finance/Administration Section for the emergency. Financial assistance could be available through Federal Public Assistance and other programs.

VIII. Authorities and References

A. Laws, Ordinances, Regulations, Resolutions, and Directives

1. Federal
 - a. As cited in the Base Plan
2. State
 - a. As cited in the Base Plan
3. County
 - a. As cited in the Base Plan
4. Municipal
 - a. As cited in the Base Plan

B References, Guidance Material, and Other Documents

1. Federal
 - a. As cited in the Base Plan
 - b. Emergency Operations Center Handbook, FEMA, CPG 1-29. 1984
2. State
 - a. As cited in the Base Plan
 - b. Emergency Operations Center Annex Checklist, NJOEM, 02/90
3. County
 - a. As cited in the Base Plan
4. Municipal
 - a. As cited in the Base Plan

IX. Attachments

A. Appendices

- Appendix 5.1: Resource Directory Database (RDDB)
- Appendix 5.2: Mutual Aid Agreements
- Appendix 5.3: Recall Duty Roster
- Appendix 5.4: Pre-Designated Locations, Meeting Points, and Points of Distribution
- Appendix 5.5: EOC Floor Plan
- Appendix 5.6: EOC Staff Roster
- Appendix 5.7: EOC SOPs
- Appendix 5.8: Resource List
- Appendix 5.9: EOC Capabilities
- Appendix 5.10: Pre-Scripted Mission Requests

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Appendix 5.1: Resource Directory Database (RDDB)

Current City of Newark entries for the RDDB are available at:

City of Newark, Department of Public Safety
Office of Emergency Management and Homeland Security Division
480 Clinton Avenue 3rd Fl.
Newark, New Jersey 07108

Appendix 5.2: Mutual Aid Agreements

The Emergency Support Function #5 Coordinator maintains contact information for verbal mutual aid agreements with adjacent jurisdictions. The current ESF #5 Mutual Aid Agreements are available at:

City of Newark, Department of Public Safety
Office of Emergency Management and Homeland Security Division
480 Clinton Avenue 3rd Fl.
Newark, New Jersey 07108

Appendix 5.3: Recall Duty Roster

The Recall Duty Roster for the City of Newark Emergency Operating Center (CNEOC) personnel is available at:

City of Newark Department of Public Safety
Office of Emergency Management and Homeland Security Division
480 Clinton Avenue 3rd Fl.
Newark, New Jersey 07108

Each agency and department of the City of Newark keeps its own Recall/Duty Roster on file.

Appendix 5.4: Pre-Designated Locations, Meeting Points, and Points of Distribution

The Emergency Support Function #5 Coordinator maintains contact information for all 11 pre-designated locations, meeting points, and points of distribution. The current ESF #5 information regarding Pre-Designated Locations, Meeting Points, and Points of Distribution is available at:

City of Newark Department of Public Safety
Office of Emergency Management and Homeland Security Division
480 Clinton Avenue 3rd Fl.
Newark, New Jersey 07108

Appendix 5.5: EOC Floor Plan

The Floor Plan of the City of Newark Emergency Operations Center (CNEOC), 480 Clinton Avenue is on file at

City of Newark Department of Engineering,
920 Broad Street, Room 412
Newark, New Jersey 07102
Phone: (973) 733-8520

The EOC Floor Plan is also available at

City of Newark, Department of Public Safety
Office of Emergency Management and Homeland Security Division
480 Clinton Avenue 3rd Fl.
Newark, New Jersey 07108

Appendix 5.6: EOC Staff Roster

The Staff Roster for the City of Newark Emergency Operating Center (CNEOC) personnel is available at:

City of Newark Department of Public Safety
Office of Emergency Management and Homeland Security Division
480 Clinton Avenue 3rd Fl.
Newark, New Jersey 07108

Appendix 5.7: EOC SOPs

The Director of the City of Newark's Department of Public Safety will make the determination whether or not to activate the CNEOC during a particular emergency, and whether or not to call in some or all of the CNEOC personnel on the recall duty roster. The CNOEM Coordinator will also determine when the CNEOC can be deactivated.

All incoming and outgoing messages during the period of emergency will be recorded in writing. Copies will be kept on file in the CNEOC. The record of each message will include the person making and the person receiving the call, the date and time, subject of the call, and further action to be taken as a result of the call.

Appendix 5.8: Resource List

The ESF #5 Resource List is available at:

City of Newark Office of Emergency Management and Homeland Security
Division
480 Clinton Avenue 3rd. Fl.
Newark, New Jersey 07108

Appendix 5.9: EOC Capabilities

The following is a description of the primary and alternate CNEOCs:

Primary CNEOC

[REDACTED]

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Alternative CNEOC

[REDACTED]

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Mobile CNEOC

[REDACTED]

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Backup generators:

[REDACTED]

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The following is a description of feeding and sleeping capabilities of the primary and alternate CNEOCs:

Primary CNEOC

- ⌘ Access to a full kitchen
- ⌘ Several small rooms that could be designated as sleeping areas with a limited amount of cots and blankets available

Alternative CNEOC

- ⌘ Eating area
- ⌘ One room that could be designated for sleeping purposes

Mobile CNEOC

- ⌘ Has a small kitchenette with microwave, refrigerator and cabinet storage. No sleeping areas.

Number of restrooms

- £ The primary CNEOC has four restrooms.
- £ The alternate CNEOC has two restrooms.
- £ The Mobile CNEOC has no lavatory facilities.

Hazards

[REDACTED]

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Protection factor for radiation

[REDACTED]

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Appendix 5.10: Pre-Scripted Mission Requests

The Pre-Scripted Mission Requests (PSMRs) will be utilized by the City of Newark for resource management when City of Newark resources have been exhausted and the need arises to request additional resources from outside of the City of Newark. These requests will be processed by the ESF #5 Coordinator.

#	PSMR's	ESF Related	Page No.
00	<u>Universal Mission Information</u>	All	5.10-3
01	<u>Activation of National Disaster Medical System (NDMS)</u>	ESF 6 & 8	5.10-7
02	<u>Aerial Assessment</u>	ESF 5 & 7	5.10-11
03	<u>Aviation Assistance</u>	ESF 5	5.10-13
04	<u>Barricade Material</u>	ESF 13	5.10-17
05	<u>Base Camp</u>	ESF 5	5.10-19
06	<u>Building Code Enforcement Assistance</u>	ESF 3	5.10-21
07	<u>Commodities Planning Support</u>	ESF 5	5.10-23
08	<u>Communications Equipment and Staff Support</u>	ESF 2	5.10-25
09	<u>Department of Corrections Crew Assistance</u>	ESF 13	5.10-29
10	<u>Cots</u>	ESF 6	5.10-31
11	<u>Debris Planning and Response Team</u>	ESF 14	5.10-33
12	<u>Debris Removal</u>	ESF 14	5.10-35
13	<u>De-Watering Pumps</u>	ESF 4	5.10-39
14	<u>Durable Medical Equipment and Consumable Medical Supplies</u>	ESF 8	5.10-41
15	<u>Disaster Mortuary Operational Response Team (DMORT)</u>	ESF 8	5.10-47
16	<u>Drinkable Water</u>	ESF 5	5.10-49
17	<u>Emergency Management Staff for EOC</u>	ESF 5	5.10-51
18	<u>Incident Management Team (IMT) for Emergency Operations Center (EOC) Logistics Support</u>	ESF 5	5.10-53
19	<u>Equipment for Commodity Points of Distribution (C-PODs)</u>	ESF 5	5.10-55
20	<u>Environmental Conditioning for Operational Facilities</u>	ESF 6 & 7	5.10-59
21	<u>Identify and Provide Facilities</u>	ESF 5	5.10-63
22	<u>Fire Fighting Support</u>	ESF 4	5.10-65
23	<u>Food for Shelters</u>	ESF 5, 7 & 8	5.10-69
24	<u>Fuel</u>	ESF 5	5.10-71
25	<u>General Resources or Assistance</u>	ESF 7	5.10-75
26	<u>General Support Staff Assistance</u>	ESF 5	5.10-77
27	<u>Generators</u>	ESF 5	5.10-79
28	<u>Ground Transportation and Operators for People, Commodities, and Equipment</u>	ESF 5	5.10-81
29	<u>Hygienic Products and Services</u>	ESF 6 & 8	5.10-83

#	PSMR's	ESF Related	Page No.
30	<u>Law Enforcement Assistance</u>	ESF 13	5.10-85
31	<u>Light Towers</u>	ESF 3 & 5	5.10-87
32	<u>Logistical Support for Functional Needs Shelterees</u>	ESF 6	5.10-89
33	<u>Maintenance Shop Support</u>	ESF 3 & 5	5.10-95
34	<u>Medical Staff</u>	ESF 6 & 8	5.10-97
35	<u>Medical Transport</u>	ESF 6 & 8	5.10-99
36	<u>Medically Trained Staff for Functional Needs Shelterees</u>	ESF 6	5.10-101
37	<u>Technical Assistance for Critical Public Works and Engineering</u>	ESF 3	5.10-105
38	<u>Repairs to Residential Units</u>	ESF 3	5.10-107
39	<u>Search and Rescue Assistance</u>	ESF 9	5.10-111
40	<u>Shelter Support</u>	ESF 6	5.10-113
41	<u>Specialty Fuel Storage and Distribution</u>	ESF 5	5.10-117
42	<u>Staff for Animal Rescue and Survival</u>	ESF 5, 6 & 11	5.10-121
43	<u>Commodity Points of Distribution (C-POD) Staff</u>	ESF 5	5.10-125
44	<u>Status Report Update</u>	ESF 5	5.10-133
45	<u>Storm Emergency Fire Units (SEFUs)</u>	ESF 4	5.10-137
46	<u>Technical Support for a CBRNE Event</u>	ESF 10	5.10-139
47	<u>Technical Support for Environmental Impact</u>	ESF 10	5.10-143
48	<u>Temporary Communications Infrastructure</u>	ESF 2	5.10-147
49	<u>Temporary Housing Locator</u>	ESF 6	5.10-151
50	<u>Functional Team Support for Drinking Water Planning and Procurement (US Army Corps of Engineers Water Mission)</u>	ESF 5	5.10-155
51	<u>Emergency Medical Services Support</u>	ESF 8	5.10-157
52	<u>Improvised Explosive Device Support</u>	ESF 5 & 13	5.10-159
53	<u>Emergency Towing Support</u>	ESF 4, 5, 13 & 14	5.10-161

Pre-Scripted Mission Request 00
Universal Mission Information

Date:

Time:

Brief Narrative Describing Event:

Management System Control Number:

Federal:

State:

County:

Local:

FEMA Event Number:

Preparer:

Print: _____ Signature: _____

State:

County (Jurisdiction Tasking Mission):

Mission Point of Contact (allow space for multiple entries):

Name:

Location:

Email:

Phone:

Fax:Cell:

Other:

Mission Priority:

☐ Immediate ☐ Next 24 ☐ Next 48 ☐ Next 72 ☐ Specific: _____

****Mission Type:**

☐ Victim Support

☐ Survivor Support

☐ Support Resource

☐ Infrastructure Restoration

Area Type:

☐ Urban

☐ Suburban

☐ Rural

List the Counties Affected by the Event (allow for multiple entries):

State:

County:

Synopsis of Activities Currently Taking Place; Relative to the Specific Mission Request (bulleted list):

{
{
{
{
{
}

Estimated Duration of the Event Operations:

List of Operational Airports Adjacent to or Within the Disaster Area:

Distance to Unaffected Area:

Statement of Expected Outcome of Mission:

Date Mission Expected to Commence:

Estimated Duration of Requested Mission:

Tactical Location of Mission:

Point of Contact for Mission (provide capability for multiple POCs in this category):

Name:

Location:

Phone:

Cell:

Email:

Fax:

Other:

Where Mission Assets are Delivered or Reported (provide capability for multiple delivery points in this category):

Address:

Number	Street	Locality	County
--------	--------	----------	--------

Cross Street:

Coordinates:

Latitude Degrees	Minutes	Seconds
------------------	---------	---------

Longitude Degrees	Minutes	Seconds
-------------------	---------	---------

Controlling Jurisdiction: _____

Mission Review:

☐ Approved ☐ Approved with Modification ☐ Denied with Justification

List ESF's Tasked:

Existing Conditions for Staff Consideration:

Lodging:

Type:

Food-water:

Shower facilities:

Laundry facilities:

Banking facilities:

Transportation to/from place of operations:

Internet availability:

Administrative support for staff:

Operational communications capabilities:

Special clothing requirements:

Operational periods:

Expected to be self-supporting for days.

List Credentials that May Be Required or Locations Where Verification or Where Credentials are Issued (bulleted list):

{
{
{
{
{

*

***SPECIAL NOTES:**

1. Once tasked, provide itinerary for mission assets where appropriate
2. Prepare maps for response and support agencies
3. Definitions
 - a. Injured: Those requiring care at a dedicated medical care facility (specify degree)
 - b. Victims: Those who are injured, but ambulatory with minor medical needs
 - c. Survivors: Those who are not injured, but are in need of assistance for basic needs
 - d. Support Resource: Any resource applied in the execution of any task or mission
 - e. Infrastructure Restoration: To reestablish any type of infrastructure being used daily pre-event

Pre-Scripted Mission Request 01
Activation of National Disaster Medical System (NDMS)

Mission Request:

This mission is to provide the services of a federally coordinated system that will augment the local/regional medical response capabilities following an event with multiple victims. Aspects of this mission is to provide medical assistance in the form of teams (medical, veterinary, mortuary, and others), and medical supplies and equipment, as well as to provide the capability for patient movement to unaffected areas and definitive medical care at participating facilities in unaffected areas.

Provide a Brief Synopsis of Current Conditions of Victim Care Capabilities Within the Affected Area:

List Names and Locations of Current Operational Medical Facilities:

Include distance from affected area:

Include lat/long, in degrees, minutes and seconds:

Best route of transportation to facilities:

Level of care available:

Number of beds:

Heli spots:

List General Types of Injuries Encountered:

Greatest number of injuries:

List the Estimated Number of:

Victims:

 Needing acute medical care:

 Needing sustaining care:

Survivors:

Special needs:

Reported missing:

Deceased:

Provide a Prioritized List of Critical Needs:

Medical staff:

Medical supplies:

Medical equipment:

Check Off Desired Capabilities Provided by the NDMS:

- ☐ Medical response:
 - Assessment of health and medical needs:
 - Medical care personnel:
 - Health and medical equipment and supplies:
- ☐ Patient evacuation:
 - Types of transportation:
 - Aero medical evacuation:
 - Ground transport:
- ☐ Definitive medical care:
 - Hospital support and patient reception:
 - Distribution capabilities:
- ☐ Other services:
 - Disaster Medical Assistance Teams:
 - Pediatric:
 - Burn:
- ☐ Urban search and rescue:
- ☐ Mental health:
- ☐ Disaster mortuary teams:
- ☐ Veterinary Medical Assistance Teams:

List the Number of Patient Evacuations Needed:

List number of patients:

List condition of patients:

List any medical equipment required during transport of patient:

Departure locations:

Destination locations:

List the Number of Language Translators Needed:

Language:

Number:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

This mission request must also be transmitted to the Federal Emergency Management Agency to request Emergency Support Function (ESF) 8, Public Health and Medical Services, with the Department of Health and Human Services as a lead agency and the Department of Defense among others as a support agency.

Federal Supporting Agencies- ESF 8:

Lead Agency:

Department of Health and Human Services

Support Agencies:

Department of Agriculture
Department of Commerce
Department of Defense
Department of Energy
Department of Homeland Security
Department of the Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of Veterans Affairs
Environmental Protection Agency
General Services Administration
US Agency for International Development
US Postal Service
American Red Cross

Pre-Scripted Mission Request 02

Aerial Assessment

Mission Request:

The mission is for an aerial assessment of the affected area to assist in determining the full magnitude of an incident and its effects on residential structures, commercial structures, transportation infrastructure, and public facilities and to assess any geological alterations immediately following the incident.

List the Current Activities Being Utilized to Gather Visual Data, Highlighting Shortfalls:

Indicate What the Aerial Assessment Products Will Be Used for:

Damage assessment of affected area:

Estimate of damaged structures:

View of damaged transportation infrastructure:

Extent of damage to public facilities:

Time line comparisons:

List Specific Agency Expectations From Aerial Assessment Products:

What level of detail is required?

Give Brief Description of Anticipated Future Mission Needs Based on Event:

Describe Technical Capabilities to Transmit and Receive or Print Aerial Assessment Products:

List Locations of Nearest Operational Air Fields:

Is fuel readily available?

Is airframe maintenance readily available?

List Information of Primary Agency Using Aerial Assessment Products:

Name of agency

Location

Point of contact

Point of contact information

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location

Point of contact

Contact information

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 03
Aviation Assistance

Mission Request:

The mission is to provide aviation assistance from those agencies or organizations tasked with aviation support to determine the aviation resources most appropriate for the mission objectives. A functional group will be formed if multiple aviation requests are made, which will include all organizations possessing aviation assets, to address traffic control, mission assignments, mission appropriate resources, and logistical support for the combined mission.

Provide a Brief Description of the Current Need for Aviation Assets:

List mission, objective and timing:

Departure location:

Address:

Point of contact:

Contact information:

Destination location:

Address:

Point of contact:

Contact information:

Assets to be moved:

People:

Number:

Cargo:

Type:

Quantity:

Priorities:

List any Operational Planning Considerations:

Operational geography:

Aviation asset coordination:

Known aerial hazards in the area of operation:

Flight restrictions in the area of operation:

List any special or supplemental equipment needed on the aviation platform:

Search and rescue operational plan:

Medivac operation plan:

Firefighting operation plan:

Aerial assessment operation plan:

Commodities movement operation plan:

Evacuation operation plan:

Loading and off-loading considerations, including equipment:

Communications considerations:

Airframe logistics support:

Crew logistics support:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Aviation support is highly specialized and must include communication with the provider to match the resource with the specific mission request.

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Pre-Scripted Mission Request 04
Barricade Material

Mission Request:

The mission is to provide movable temporary barricades to aid in directing or prohibiting traffic or people. The barricades will be utilized to prohibit traffic within specified areas or directing traffic and people at a shelter, commodity distribution point, or at any other location where required. These barricades shall be capable of being shipped to a local staging area and being redistributed as required.

Give Brief Assessment of Current Mission(s) and Shortfalls:

List the Number of Locations and Use of Barricades:

Location	Use: People or Traffic	Use: Interior or Exterior	Type of Barricade Material Needed	# of Feet of Barricade Material Needed	Point of Contact	Unloading Capabilities

Types of Barricade Material:

Cones:

Barrels:

Portable steel (french):

A Frame leg type:

Jersey type (concrete):

Solid poly:

Plastic gate type:

Barricade tape:

Stanchions and chain:

Security fencing and fence posts (calculate 1 post for every 6 feet of fencing):

Other, describe:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

List Any Local, Regional, State, or Federal Support, or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 05
Base Camp

Mission Request:

The mission is to provide a base camp for response personnel where there are limited or no lodging accommodations available. The base camp is to provide shelter accommodations for food service, sleeping accommodations, heating or cooling, laundry facilities, showers, rest rooms, administrative space, basic medical services, computers and communications equipment, recreational capabilities, generators, appropriate trash storage, fuel storage capabilities, potable water, waste water removal, or any other services normally required by base camp residents.

Provide a Brief Description of the Need for Response Personnel Accommodations, Including:

Number of responders to be sheltered:

Description of land where camp is to be located:

Number of camps being requested:

Capability to provide local logistical support:

Communications resources:

Transportation resources:

Maintenance areas:

Shortfalls (may require additional mission requests to support activities):

Priorities:

Provide Base Camp Location Information:

County:

Proposed location of base camp:

Point of contact:

Contact information

The Following Additional Base Camp Support May Need to Be Requested Via Separate Mission Requests:

Communications resources:

Local administrative support:

Technical support, electrical, plumbing, communication, mechanical:

Power:

Generators:

Water:

Consumables, food and provisions:

Operational supplies, office supplies:

Security detail:

Sanitation services, septic, trash removal:

Supplies – other:

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 06
Building Code Enforcement Assistance

Mission Request:

The mission is to provide certified building code enforcement personnel to assist with post-disaster structural habitability assessments. Although code enforcement personnel are not necessarily qualified structural engineers, they are capable of providing clear and simple habitability determinations based on occupant safety, system functionality, and structural stability. The code enforcement personnel are to work in support of local officials, creating dynamic documents which follow the evolution of the structure through the post disaster period. Inspection reports will be initially created by an inspector who will hand off the reports to local officials for resolution.

Provide a Brief Description of Need for Code Enforcement Officials Including Priorities:

List the missions to be performed, jurisdictions and points of contact:

List personnel needs:

List any special skills being requested:

National certifications:

NIMS description or typing:

List equipment to be provided:

List equipment shortfalls:

List any known hazards in the area being serviced:

Will personal protective equipment be needed, or will it be provided?

Priorities:

Provide Communications Plan for Supporting Personnel:

Best method of communications:

Communication capabilities in the area of operation:

List Any Mission Logistical Support Requirements:

Transportation:

Personal protective equipment:

Communications devices:

GIS/map support:

Internet connectivity:

Other equipment, identify:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 07
Commodities Planning Support

Mission Request:

The mission is to provide staff to focus on commodities planning support across the emergency management organization within the affected jurisdictions. Planning team members are to have a background in logistics planning and commodity movement, the ability to interact with both government and private industry partners, and the skills to analyze commodity needs and apply planning metrics for transportation and staging of commodities.

Provide a Brief Assessment of Current Commodity Needs:

List commodity type:

List commodity need:

List location where commodity is needed:

Other:

Provide a Brief Assessment of Future Commodity Needs Based on Incident:

List commodity type:

List commodity need:

List location where commodity is needed:

Other:

What is the Condition of the Transportation Infrastructure?

Highway:

Airports:

Rail:

Seaports:

Other:

List Incident Management Systems Being Used by the Jurisdiction:

List Any Special Skills Being Requested of the Staff:

National certifications:

NIMS description or typing:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 08
Communications Equipment and Staff Support

Mission Request:

The mission is to provide communications equipment capable of operating on established communications systems, permanent or temporary, provided by others. It will provide communication devices that will be supported by an operational infrastructure provided by governmental agencies or private vendors.

In addition, it is to provide staffing capable of providing logistical support for inventory, tracking, typical repairs, programming and maintenance. Staff support will have the appropriate qualifications to provide sufficient support for the communications assets and understand the operating systems to which they are connected.

Provide a Brief Overview of the Communications Capabilities Within Each Operational Area:

List the type of operational communications infrastructure:

List any communication limitations:

Operational:

Technology capability:

Operational frequencies:

Type of equipment:

Geographical:

Mountainous terrain:

Distance:

Line of sight:

List the responsible organization/agency:

Point of contact:

Contact information:

Provide a Brief Description of the Communications Equipment Being Requested to Support the Mission:

Type of Equipment	Number Requested	Compatibility w/ Infrastructure

Provide a Brief Description of the Staff Being Requested to Support the Mission:

Staff Position	Number of Staff Requested	Required Skills/Certifications

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

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Pre-Scripted Mission Request 09
Department of Corrections Crew Assistance

Mission Request:

The mission is to provide Department of Corrections' inmates and correctional officers to assist with individually defined, appropriate missions during a disaster or emergency situation. Crews are to be chosen by the corrections institution tasked with a mission and will provide the appropriate staff to manage those crews. Correction crews are to be limited in the tasks they are able to perform, the distance they are allowed to travel from their facility, and the hours for which they are operational. The correctional facility will define the composition of the crew.

Provide a Brief Description of the Need for Correctional Crews, Including Priorities:

List the missions to be performed, location, and point of contact:

List any known hazards in the operational area:

Priorities:

Restrictions on the use of crews, functional and/or geographical:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Inmates may not be allowed to consume food with the general public and shall not be allowed to accept anything without prior authorization of supervising corrections officers.

Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Additional Information: Corrections crews are composed of minimum security inmates and correctional officers. Crew coordination is managed by the agency's central control administration.

Pre-Scripted Mission Request 10
Cots

Mission Request:

The mission is to obtain cots which include transporting cots to a local or regional (county) staging area to be redistributed as needed. Cots are to be utilized in the general population shelters and for base camps housing responders or as needed.

Provide a Brief Description of the Current Need for Cots Including Shortfalls and Priorities:

Number of Cots Required	Mission	Special Requirements	Priorities

List Any Acceptable Substitutes if Cots are Not Available:

Describe Logistical Support Required for Cot Mission:

Transportation resource:

Loading or unloading assistance:

Staging facility:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there may be additional details that have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: If there are additional logistical requirements in addition to the cot mission request (blankets, pillows etc), then additional mission requests must be submitted for those associated items.

Pre-Scripted Mission Request 11
Debris Planning and Response Team

Mission Request:

The mission is to provide a debris planning and response team (DPRT) for an incident that has resulted in massive amounts of debris. The DPRT is to support local, county, and state emergency management organizations to identify the amount and type of debris, identify disposal sites, methods of disposal, leasing agreements which may be necessary, and any environmental issues related to disposal. In addition, the DPRT is to sector the mission area to better facilitate the execution of the mission, define or refine the mission scope with the proper agencies, determine the contract formats, and define the types and amounts of contractor equipment required to execute the mission and to award the appropriate contracts.

Provide a Brief Synopsis of the Debris Field and the General Types of Debris:

Structural:

Vegetative:

Industrial:

Vehicles:

Water craft:

Hazardous materials:

As a result of what type of event:

Other:

Provide a Brief Synopsis of the Current Scope of the Debris Removal Mission Requirements:

Priority areas and justification:

Agencies currently engaged in debris management:

List Any Known Shortfalls Affecting the Debris Mission:

List Any Special Skills Being Requested:

National certifications:

NIMS description or typing:

Staff Position	Number of Staff Requested	Required Skills/Certifications

List the Contact the Rapid Assessment Planning and Management Team Shall Coordinate With:

Name:

Agency:

Contact information:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables

Pre-Scripted Mission Request 12
Debris Removal

Mission Request:

The mission is to provide assistance with the removal of debris, which is to include equipment and staffing appropriate to provide assistance to local governments or agencies with post-disaster debris removal. This is to include the movement or removal of debris in all forms, including structural, vegetative, utilities, building debris, soil, hazardous waste, garbage, or any other type of debris that is the result of a disaster or emergency. This assumes that all equipment is to be accompanied by sufficiently trained operators capable of working for an extended period of time under disaster conditions.

Provide a Brief Description of the Current Capabilities for Debris Removal, Including Shortfalls and Priorities:

List the current primary debris removal challenges:

List shortfalls:

List priorities:

Provide a Brief Description of the Debris Removal Plan:

Contact information for debris removal planning manager:

List equipment staging areas, including points of contact:

List debris collection areas, including points of contact:

List of known or suspected environmental hazards and associated plan:

Provide a Brief Description of the Fueling Plan:

Develop and provide a fueling plan to include fuel type, means of delivery, schedule, and availability:

Provide a Brief Description of the Maintenance Plan (select one):

☐ Maintenance staff and equipment will be provided by requesting jurisdiction

☐ Maintenance staff and equipment will be required to be provided

☐ Additional logistic support mission requests may be required to fulfill maintenance requirements.

List Any Needs for Debris Removal Equipment, Including Type and Amount Needed:

Type	Description	Need

List Staffing Needs and Any Special Skills Being Requested:

National certifications

NIMS description or typing

Staff Position	Number of Staff Requested	Required Skills/Certifications

List Any Logistics Support Requirements:

Debris containers:

Personal protective equipment:

Transportation resources:

HazMat remediation agencies and organizations:

Equipment transportation permitting issues:

Debris permitting issues:

Other, describe

Are Environmental Spill Staff and Equipment Included as Part of this Request?

- ☐ Yes
- ☐ No, provide environmental cleanup materials with separate mission request
- ☐ No, provide contact information for environmental contractor to be available

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of the Demobilization Plan:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

All equipment shall be accompanied by documents detailing maintenance, maintenance schedules, and common repairs.

Pre-Scripted Mission Request 13
De-Watering Pumps

Mission Request:

The mission is to provide pumps for removing water from structures or specific areas in response to flooding and deliver these pumps to a staging area or specific location for use. Personnel will integrate the necessary associated equipment including, but not limited to, suction hose, discharge hose, hose adaptors, and strainers, and also provide required fuel and maintenance, a method of transport, and loading and unloading capability. If electric pumps are appropriate for use, personnel will determine if the electrical connections are compatible, and if the required electrical capacity is available to start and run the pumps.

Provide a Brief Description of the Need for Pumps Including Shortfalls and Priorities:

List the number of pumping missions, including the purpose of pumping missions:

List the average amount of water that is expected to be pumped and accumulated:

List the following:

Number of pumps needed, including type and capacity:

What transportation is needed to deliver pump?

What fuel is needed to operate pump?

Type:

Means of delivery:

Will specific types of hitches be required to tow pump?

List any materials handling equipment required to load and unload pump and move from staging area to location of need:

List any maintenance staff and related equipment and supplies required:

Priorities for acquiring and delivering pumps:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Provide a Brief Description of the Demobilization Plan:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTES: Suction hose, discharge hose and any attachments must have hose thread diameter and thread type which is compatible with the pump.

Pumps must be protected from freezing.

If the pumping missions are primarily residential basement missions, consider a separate mission request for fire department Storm Emergency Fire Unit assistance.

Consider that when pumping basements, the water pressure on the outside of a foundation needs to be lowered prior to pumping basements or there may be a risk of structural collapse.

After delivery to the staging area, local jurisdictions shall be responsible for the movement, reassignment and tracking of pumps.

Pre-Scripted Mission Request 14
Durable Medical Equipment and Consumable Medical Supplies

Mission Request:

The mission is to provide durable medical equipment (DME) and consumable medical supplies (CMS) for functional needs shelters. The operation of a functional needs shelter necessitates a supply of DME and CMS for shelter residents. The requirements for DME and CMS are varied and dependent on the condition of residents in the shelter(s).

**Because specialized equipment and medical supplies may not be readily available, especially during an incident of magnitude or duration, it would be advantageous to have experienced staff (SMEs: subject matter experts) available to work with the Emergency Operations Center logistics and procurement staff to identify the proper commodities, make recommendations, and assist in the purchase and distribution of durable medical goods.

List the Types and Quantities of DME and CMS Needed, Including but Not Limited to, the Following Categories:

Bandages:

Band aids:

Ace bandages:

Gauze bandages:

Cotton balls:

Tape:

Telfa pads:

Cotton tip applicators:

Steri strips:

Topical antiseptics:

Alcohol prep wipes:

Hand wipes:

Betadine scrub solution:

Medical instruments

Scissors:

Pen light w/batteries:

Tweezers:

Nasal cannulas:

Trach care trays:

Bed pans:

Bed side drainage collectors:

IV poles:

Monitoring equipment:

Thermometers:

BP cuffs:

Sphygmomanometers:

Stethoscopes:

Blood glucose meter kit:

Oxygen equipment and supplies:

Define specific equipment:

Nebulizers and aerosol therapy:

Respiratory ventilators and accessories:

Define specific equipment:

Pulse oximeters:

Catheters and associated supplies, both male and female:

Slings:

Braces:

Cervical collars:

Surgical face masks:

Latex free examination gloves, all sizes:

Disposable examination gowns, all sizes:

Diapers assorted sizes, including adult:

Sanitary pads and tampons:

Hospital type beds:

To be used for:

Bedding

Specify and special bedding needs:

Mattresses:

Mattress pads:

Blankets:

Egg crate foam pads:

Privacy screens:

Wheelchairs:

Wheelchair ramps:

Transfer boards:

Blanket warmers:

Hospital gurneys and stretchers:

To be used for:

Medical or hospital chairs:

To be used for:

Narcotic cabinets and safes:

Over bed tables:

Patient lifts:

To be used for:

Medical equipment carts:

To be used for:

Commodes/commode chairs:

Feeding tubes, pumps and syringes:

Nutritional health supplements:

Rollators and wheeled walkers:

Canes and crutches:

Incontinence products and supplies:

Define specific products:

Paper cups:

Straws:

Distilled water:

IP alcohol:

Non latex cleaning gloves:

Dental hygiene products:

Define specific products:

Bio hazard bags:

Antiseptic cleaning supplies:

Buckets:

Mops:

Other:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTES:

1. Submit a request for an SME to assist Logistics and Purchasing for the procurement of durable medical goods.
2. Durable medical equipment is defined as any medical equipment used to aid in a better quality of living for people with functional needs.
3. Consider that consumable medical goods may normally be required at any shelter, but if the shelter has functional needs shelterees most of the consumable items will become necessary and may be redundant for logistical support.

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Pre-Scripted Mission Request 15
Disaster Mortuary Operational Response Team (DMORT)

Mission Request:

The mission is to provide mortuary assistance to local jurisdictions in the case of a mass fatality incident or cemetery related incident. The DMORT has to be capable of delivering the following services: mobile morgue operations, forensic examination, DNA acquisition, remains identification, search and recovery, scene documentation, medical psychology support, embalming, family assistance center, ante mortem and postmortem data collection, records data entry, database administration, personal effects processing, and coordination of release of remains. In addition, the DMORT shall also provide a liaison to the Public Health Service, as well as communications equipment, safety officers, and technical specialists.

Provide a Brief Description of the Mortuary Function Including Needs and Priorities:

Known number of fatalities:

Estimated number of fatalities:

Specific DMORT capabilities required:

Environmental hazards:

List number of teams requested:

Shortfalls:

Priorities:

List Any Special Skills Being Requested:

National certifications:

NIMS description or typing:

Describe Local Logistical Support Available to DMORT Function:

Supplies:

Equipment:

Facilities:

Transportation:

Administrative:

Laboratory (provide classification):

Environmental storage:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description Of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 16
Drinkable Water

Mission Request:

The mission is to provide drinkable water for life-sustaining purposes. Drinkable water is water of a quality capable of being used for drinking and cooking and is packaged for delivery to and from a point of distribution.

Provide a Brief Description of the Current Need for Providing Water to Residents or Shelters:

Provide total population being served:

Describe current need for water:

Unit of measure:

Amount needed:

List priorities:

If Bulk Water, or an Acceptable Alternative, is Needed, the Following Will Be Required:

Approved source for bulk water:

Location:

Point of contact:

Contact information:

Water quality regulatory agency having jurisdiction if bulk sources are used:

Location:

Point of contact:

Contact information:

Logistics support required to transport water:

Transportation:

Mode of transport:

Departure location:

Delivery location:

Operator:

Equipment needs:

Materials handling equipment for loading/unloading:

Containers:

Other:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Please List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Bulk water must be drawn from an approved location and transported in health regulatory agency approved tankers.

Submit separate mission requests if:

Assistance is required for restoration of a municipal water system.

Assistance is required to operate, staff, or equip a commodity point of distribution.

Pre-Scripted Mission Request 17
Emergency Management Staff for EOC

Mission Request:

The mission is to provide staffing capable of supplementing and relieving the existing personnel in an Emergency Operations Center (EOC). Supporting emergency management staffing shall be capable of the coordination of incident management and response efforts, issuance of mission assignments, resource and human capital management, incident action planning, and financial management in an emergency operations environment.

Describe the Current State of the Emergency Management Organization for Which Assistance is Being Requested:

List current facility locations being staffed:

Facility use:

Location:

Point of contact:

List the Sections in the ICS Structure that Require Support:

List Any Special Skills Being Requested:

National certifications:

NIMS description or typing:

Section	Staff Position	Number of Staff Requested	Required Skills/Certifications
Operations			
Logistics			
Planning			
Finance			

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Upon identification of team members, provide detailed itinerary and contact information for each member.

If possible, provide an overview or organization chart of the current emergency management structure.

Pre-Scripted Mission Request 18
Incident Management Team (IMT) for Emergency Operations Center (EOC) Logistics Support

Mission Request:

The mission is to provide an IMT to provide logistics section support within an EOC environment. The IMT members must be credentialed and possess expertise in the operation of the logistics section to assist in a local or state EOC.

Provide a Brief Description of the EOC Logistics Section Support Being Requested, Including but Not Limited to:

Describe the assistance being sought from an IMT-logistics team:

What tasks or duties will the IMT support?

Number of teams being requested:

List of special skill sets being requested:

National certifications:

NIMS description or typing:

List any priorities related to the assistance needed:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. Prior communication with requesting entity to determine logistical support for the requested IMT-logistics team members will be expected.

If teams are not self supporting, list any resources that may be needed:

Equipment support:

Consumables:

Transportation:

Lodging

Pre-Scripted Mission Request 19
Equipment for Commodity Points of Distribution (C-PODs)

Mission Request:

The mission is to provide equipment to support the operation of C-PODs operated by local government agencies.

Approximate and List the Number of C-PODS Currently Operational:

Vehicular C-PODs:

Pedestrian C-PODs:

Individual delivery operations:

List the Estimated Number of C-PODs that May Ultimately Be Needed:

Provide a Brief Description on the Ground Conditions in Areas Where C-PODS are Operational:

List Needs for Equipment and Supplies in Table Below:

Large Equipment	Need
Forklifts	
Hand operated pallet jacks	
Portable light towers with generators ¹	
Hand trucks	
50 amp spider boxes (electrical distribution kit)	
50' extension cords 12/3 GA	
Fuel (per day) ²	
Regular and diesel gasoline for all equipment	
Variable Message Boards (VMBs) programmable at the unit and include an integrated engine for power, or be solar powered	
Box or intermodal storage containers	

Small Equipment	
Radio (public safety radio, portable: equivalent to radios utilized by EMA (state and local) ³	
Batteries (compatible with public safety radios)	
Two-way radios	
Megaphone	
Industrial flashlights	
Batteries, assorted sizes based on equipment needs	
Traffic cones, 12 in.	
Recycle bins, with service contract	
Dumpster (30-yard open top), with daily service contract Average dimensions: 5' high x 8' wide x 22' long	
20x40 shade tents	
Rolls of 1000' barricade tape	
Safety Items	
HazMat spill kit	
First aid kit, ANSI-compliant (up to 50 people)	
Fire extinguisher, 5 lb.	
Orange or red glow sticks	
Conventional hard hats	
Safety glasses	
Medium back support belts or vests for all loading/ration point crew	
Safety vests (Standard: ANSI 207) for all staff	
Whistle	
Box cutter	
Self contained portable toilets, with daily service contract	
Portable hand washing station/hand sanitizer, with daily service contract	
Administrative Kits Item	
Paper (8" x 11")	
Pens	

C-POD Signage	
Administrative Area	
Commodity – Shelf Stable Meals/Meals Ready to Eat	
Commodity - Water	
Commodity Distribution Point	
Deliveries	
C-POD Hours of Operation	
Distribution Guideline for the Public*	
Do Not Enter	
Entrance (Forward Arrow)	
Entrance (Right Arrow)	
Entrance (Left Arrow)	
Exit	
Lane	
Loading Point	
No Parking	
Off-Loading Area	
Please Keep Moving	
Restrooms (Men)	
Restrooms (Women)	
Staff Only	
Storage Area	
Other:	

List Any Special Training or Certifications Required to Operate Material Handling Equipment:

National certifications:

NIMS description or typing:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTES: For each type of powered equipment, provide the type of fuel required, or if electric, provide NEMA type outlet and amperage (amp) requirements for charging.

Consider requesting communications resources for support staff and assisting with C-POD operations; a separate mission request must be submitted.

Confirm there is coordination with C-POD manager to ensure a means to unload supplies upon arrival.

It is expected that the organization delivering material handling equipment shall be responsible for unloading or loading the equipment unless special arrangements are made at the staging area to provide assistance.

Pre-Scripted Mission Request 20
Environmental Conditioning for Operational Facilities

Mission Request:

The mission is to provide temporary heating or air conditioning units to improve operating conditions within a shelter or operational facility. Environmental conditioning units must be capable of safely maintaining a reasonable temperature within temporary facilities during the specified season. Units shall be shipped to a local staging area where they will be prepared for installation by qualified and credentialed staff.

List the Facility Where Environmental Conditioning is Required:

Name of facility location:

Floor number:

Use:

Point of contact:

Contact information:

Provide either or both:

Cubic footage:

Length:

Height:

Width:

Square footage:

Length:

Width:

Type of conditioning needed:

Heating:

Cooling:

Provide a Brief Description of Occupancy Load:

Heat or cooling sources in space, number of units:

Total height of facility:

Are windows capable of being opened?

Is Utility Power Available to Power Environmental Unit?

☐ Yes

☐ No, external generator is required:

List size of generator:

Is technical assistance with installation required? If yes, list any special skills being requested:

Electrical expertise:

National certifications:

NIMS description or typing:

List any fuel requirements:

List type:

List amount:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: If air conditioning or heating is functional, but not operational due to lack of utility power, the only request submitted should be for a generator to power up the units. Generators are mission requested separately.

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Pre-Scripted Mission Request 21
Identify and Provide Facilities

Mission Request:

The mission is to identify and provide facilities, other than shelters, where organizations or agencies providing services to survivors and victims are able to execute their mission.

List the Current and Anticipated Facility Needs, Including:

Requestor agency/organization:

Point of contact:

Contact information:

List number of facilities needed:

Desired location:

List intended facility use:

Average daily population that will need access to facility:

Describe Occupancy Requirements:

Size:

Number of floors:

Safety considerations:

Security:

Elevators:

Communications infrastructure, including:

Cell phone:

Hard line:

Radio:

Internet:

Cable:

Fax:

Other:

Sanitary/hygiene capabilities:

HVAC:

Kitchen facilities:

Waste management facilities:

Contingency power capabilities:

Office area:

Transportation access:

Handicap accessibility:

Parking capability:

Storage capability:

Access for logistics resupply:

Other

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 22
Fire Fighting Support

Mission Request:

The mission is to provide support for fighting fires in both wild land and structural environments. The mission is for staff and equipment to be capable of extinguishing both wild land and structural fires, and provide basic emergency medical services as required. Units will be staged at strategic locations and shall integrate with local fire fighting forces.

Provide a Brief Synopsis of the Greatest Risk Due to the Initiating Event:

Residential building fires:

Commercial building fires:

High rise building fires:

Industrial sites or complexes:

Wild land fires:

Rescue missions:

Building collapse:

High angle:

Swift water:

Confined space:

High water:

Provide a Brief Synopsis of the Current Local Fire Fighting Needs:

List equipment needs:

Apparatus:

Equipment:

Specialized equipment:

List Any Special Skills Being Requested:

National certifications:

NIMS description or typing:

Staff Position	Number of Staff Requested	Required Skills/Certifications

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

Will Fire Fighting Forces Be Expected to Provide Secondary Services During Deployment?

☐ No

☐ Yes, list additional expectations:

Will Delegation of Authority Be Conferred?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for This Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTES: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables

Upon identification of team members, provide detailed itinerary and contact information for each member.

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Pre-Scripted Mission Request 23
Food for Shelters

Mission Request:

The mission is to provide food for shelterees. The mission is for close coordination between the provider and shelter management to ensure there is a capability to store, prepare and properly distribute food to the shelterees. It is expected that the food being provided will fulfill basic nutritional needs.

Provide a Brief Description of the Current Capabilities for Providing Food to Shelters Including Shortfalls and Priorities:

Provide list of shelters requiring food and point of contact for each:

For each shelter being served, provide the following:

Number of shelterees being served per shelter:

Total number of shelterees being served in all shelters:

Special dietary requirements:

Infant formula requirements:

Baby food requirements:

List shortfalls:

List priorities:

Outline any cultural considerations:

Indicate the Logistical Support Required for Food Storage, Preparation, and Service in the Listed Shelters:

- ☐ Kitchen equipment
- ☐ Heating fuel
- ☐ Food service preparation supplies
- ☐ Refrigerated storage
- ☐ Dry storage
- ☐ Meal service supplies
- ☐ Food distribution supplies
- ☐ Trash storage and removal

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 24
Fuel

Mission Request:

The mission request is to provide fuel for disaster response and recovery operations. This will require a variety of fuels as specified by the requesting jurisdiction, agency, or organization. Fuel has some inherent dangers and must be transported by properly credentialed and certified personnel using appropriate and certified equipment. Due to disaster situations, those tasked with delivery must be capable of filling a variety of containers which may not be consistent with normal delivery methods.

Provide a Brief Description of the Current Fuel Needs, Including Priorities By Type of Fuel:

Type of Fuel	Need	Priority	Supplemental Additives	Staging Location	Staging Location POC

Fuel Type Reference:

Gasoline (with or without ethanol/octane)

Diesel (On Road or off road)

Kerosene

E85 Ethanol

Liquefied Natural Gas

Liquefied Propane

Propane

Hydrogen Gas

BioFuel

Heating Oil #2

Heating Oil #6

Aviation Fuel (specify types)

List Equipment Fueling Locations and Points of Contact:

List location:

Equipment type:

Fuel type:

Approximate capacity:

Is Logistical Support Required for Procurement and Storage of Fuel?

Fuel handling equipment and storage tanks:

Secondary containment:

Pumping, loading and unloading equipment:

Secured storage, including personnel:

Transportation:

Environmental cleanup material:

Supply chain documentation support:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: If refueling is required, stakeholders will be required to determine schedules, locations, fuel types and approximate quantities needed.

Each jurisdiction receiving fuel shall prepare a spill response plan, including spill cleanup supplies and the names of certified cleanup contractors in the event of a spill. They shall also be tasked with providing fire protection equipment.

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Pre-Scripted Mission Request 25
General Resources or Assistance

Mission Request:

The mission is to provide general assistance or resources as specified by the requesting agency, organization, or jurisdiction necessary for the successful completion of tasks and objectives.

Provide a Brief Description of the Current Known Needs Including Shortfalls and Priorities:

Outline mission needs:

Outline current shortfalls related to the requested mission:

Outline priorities related to the requested mission:

Provide a Brief Description of Staff Needs:

Staff Position	Number of Staff Requested	Required Skills/Certifications

If Resource/Equipment is Requested, the Following Information Must Be Provided:

List resource/equipment being requested, including type:

Will qualified operators be required and provided:

List any transporting, loading and unloading requirements:

Is special permitting required?

List any fuel that will be needed, including type and amount:

List any maintenance that will be required:

Provide Reporting Location Information for Requested Personnel:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of the Demobilization Plan Provisions or Special Requirements:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there may be additional details that have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Subsequent communication will be required to define expectations and specifics of the mission.

Pre-Scripted Mission Request 26
General Support Staff Assistance

Mission Request:

The mission is to identify and provide additional support staff across emergency management organizations on a local or county level, as needed. The staff provided would be required to complete various tasks as defined by the individual requesting agency. The staff should have knowledge or be affiliated with a governmental agency, non-governmental organization providing disaster assistance, or a private sector organization, and have minimum mid-level emergency management training and/or experience, and be capable of integrating into any organization.

List Current and Anticipated Mission Shortfalls that Require Additional Staff; Note Section(s), Timeline, and Number of Staff Desired:

Agency/Section	Description/Task	Skills	Number	Timeline

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Supporting or Assisting Agencies, Including Private Sector Organizations and Points of Contact For Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: For logistics support requirements, if teams are not self supporting they may require the following:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 27
Generators

Mission Request:

The mission is to provide generators that meet or exceed the capacity requested.

Provide a Brief Description of the Current Generator Requirements:

Size	Mission	Priority	Delivery Location	Is Offloading Material Handling Equipment Required

Provide a Brief Description of the Generator Connection:

Will specially trained personnel be required to connect the generators to power distribution equipment?

☐ Yes

☐ No

If yes, list any special skills being requested:

National certifications:

NIMS description or typing:

Who will supply the specially trained personnel?

Are connection cables required?

Length:

Load carrying capacity in amps:

Cable size (AWG Standard):

Is a safety plan in place at the facility that accounts for the use of energized electrical cables?

Is an Initial Site Survey By a Subject Matter Expert Required to Determine Generator Size and Requirements:

☐ Yes

☐ No

If Available, Provide a Brief Description of the Power Requirements:

Define power requirements using at least one of the following measurements:

Kilowatt Hours (Kw):

Amp Draw:

Watts:

Provide a Brief Description of the Fueling Plan:

Is a fueling plan in place?

Type:

Schedule:

Means of delivery:

Availability:

List Any Maintenance that Will Be Required:

Indicate the type of maintenance required, including staff and supplies:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Once a mission request is submitted there may be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 28
Ground Transportation and Operators for People, Commodities, and Equipment

Mission Request:

The mission is to provide ground transportation and appropriate equipment and operators that maybe needed to move residents, support staff, commodities, or equipment within a specified area. Transport equipment that is provided will be capable of navigating local streets and carrying various equipment or commodities as required.

Provide a Brief Overview of the Condition of the Transportation Infrastructure in the Area of Operation:

Provide Overview of Fuel Distribution Capabilities in Area of Operations:

Provide Capabilities for Minor or Major Vehicle Repairs Within Area of Operations:

List Current Communications Capabilities Within the Area of Operations:

Communications type being used:

List Current Transportation Shortfalls:

List Current Transportation Priorities:

List the Transportation Missions Required:

Commodity Delivery:

Support Equipment Movement:

Residents or Staff Movement:

Will there Be a Need for Special Off Loading Equipment for Deliveries?

List the Need for Any Specialized Equipment Required or Desired:

Lift gates:

Ramps:

Handicap accessible vehicles:

Other

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Provide a Point of Contact for Logistics Transportation Coordination for the Area of Operations:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

SPECIAL NOTE: Providers are responsible for providing operators with the proper license if special classifications are required to operate the vehicles. Drivers will need to be provided with the accepted process of receiving commodities and equipment for transport and delivery.

Pre-Scripted Mission Request 29
Hygienic Products and Services

Mission Request:

The mission is to provide hygienic products and services for shelter residents and responders in an operational area which will limit the spread of disease and provide the appropriate resources for waste removal, sanitation facilities, and products for personal sanitation.

Provide a Brief Description of the Current Need for Hygienic Products and Services:

Product/Service	Description	Need	Priorit y
Personal sanitation products (i.e. wipes, hand cleaner, toilet paper, etc.)			
Portable toilets including accessible units			
Changing stations			
Portable showers or wash stations			
Portable laundry facilities			
Garbage removal capabilities			

List Any Logistical Support Required for Hygienic Products and Services:

Specialized transportation resources:

Loading and unloading of equipment:

Staging areas:

Water:

Sanitation pump facilities:

Operational sanitation dumping facilities:

Garbage collection facilities:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 30
Law Enforcement Assistance

Mission Request:

The mission is to provide additional law enforcement personnel to assist with security or enforcement related missions during a disaster situation. All law enforcement personnel responding to this request must be sworn officers, unless otherwise specified or requested, and will carry with them all required equipment and clothing for any situations they may expect to encounter.

Provide a Brief Description of the Law Enforcement Situation, Including Needs and Priorities:

List the missions to be performed by personnel:

Describe missions where security is required by other than sworn officers:

List number of personnel requested:

List any special skills being requested:

National certifications:

NIMS description or typing:

Specify any special equipment to be carried:

Specify types of vehicles required, if appropriate:

List any known hazards in the area being serviced:

List any priorities:

Other:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Law enforcement personnel can expect to encounter various operational situations and may be single resources, strike teams, or be paired with other disciplines to provide security for various facilities or missions within the affected area.

Pre-Scripted Mission Request 31
Light Towers

Mission Request:

The mission is to provide light towers that are powered by an internal combustion engine and have wheels. The light towers must be capable of being moved to locations as needed, or may be loaded on flat beds for delivery of multiple units. The light towers must be capable of providing lighting for a multitude of tasks at the scene of an event.

Provide a Brief Description of the Current Need for Light Towers, Including Priorities:

How many light towers are needed?

List the types of missions they will be needed for:

List any priorities:

Provide a Brief Description of Current Fueling Plans:

Is a fueling plan in place (include fuel type, means of delivery, schedule and availability)

Provide a Brief Description of Current Delivery Plans:

Will light towers be delivered to a staging area?

Will light towers be delivered to individual locations?

If so, for each light tower to be delivered, provide location, point of contact and level of priority for delivery.

Specify type of hitch required to tow light tower

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Is Maintenance Required or Provided?:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 32
Logistical Support for Functional Needs Shelterees

Mission Request:

The mission is to provide logistical support to shelterees that have access and/or functional needs (including children) and may require medical, physical, behavioral, or developmental support. Shelterees may require additional support until they can return to the care of service providers in the community. This logistical support also includes a purchasing agent who is familiar with durable medical equipment and supplies.

List the Locations of Shelters Requiring Logistical Support:

List of locations:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

Facility Manager(s):

Name:

Agency:

Phone:

Cell:

E-mail:

Provide a brief summary of current conditions at facilities:

Estimate the Number of People With Functional Needs in Shelters:

Shelterees:

List number requiring some degree of assistive care:

List number requiring general sustaining care:

List the General Types of Functional Needs Being Addressed:

List the particular services being offered to functional needs shelterees:

List Any Specialized Equipment Being Used at Facility:

List type:

List need:

List Any Typical Assistive Equipment Being Used:

List type:

List need:

List the Types of Logistical Support that are Required:

Communications:

Internal:

External:

Transportation

Survivors/victims:

Staff:

Water, if needed:

Potable:

Non-potable:

Feeding:

Anticipated number of meals served daily

Breakfast:

Lunch:

Dinner:

Other:

List special dietary requirements:

List any feeding support equipment:

Meal preparation capabilities:

Shortfalls:

Ice requirements:

Storage capabilities:

Refrigeration capabilities:

Shortfalls:

Meal serving sanitation needs:

Shortfalls:

Waste removal cycles:

Garbage:

Trash bags:

Trash containers:

Dumpsters:

Recycle:

Bio hazard:

Sharps:

Other:

Laundry capabilities:

Shortfalls:

Facility maintenance:

HVAC:

Hot water:

Plumbing:

Electrical:

Security:

Information technology:

Shortfalls:

Special assistive support equipment required:

Maintenance of equipment:

Repair requirements:

Bariatric:

Nebulizers:

Ventilators:

Patient lifts:

Diagnostic supplies:

Ambulatory aids:

Hearing aid batteries:

Medical consumables:

Pharmaceutical:

Location of closest operating pharmacy:

Apparel:

Gloves:

First aid kits:

Personal protective equipment:

Disposable protective items:

Hand sanitizer:

Adult hygiene disposables :

Children and infants hygiene disposables :

Bandages:

IV fluids:

IV therapy supplies:

Diabetes supplies:

Wound care:

Needles and syringes:

Catheters:

Respiratory supplies:

Hand hygiene:

Dental health:

Other disposable items, explain:

Portable toilet facilities:

Standard:

Physically accessible for people with disabilities:

Shower facilities:

Standard:

Bariatric:

Accessible for people with disabilities:

Support for service animals within facility:

Food:

Water:

Waste Disposal:

Veterinary Care:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

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List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide A Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 33
Maintenance Shop Support

Mission Request:

The mission is to provide field level maintenance capability to support complex vehicle and equipment repairs during operational response activities without significant delay or down time. Staff must be experienced and credentialed with sufficient tools and equipment to effect field repairs. Besides staff, the maintenance shop support function may require temporary or permanent facilities and logistics support to maintain activities.

Give Brief Assessment of Need for Repair and Maintenance of Vehicles or Equipment:

Is Utility Power Available for Maintenance Shop Support?

☐ Yes

☐ No, external generator is required:

Determine size and type of generator:

Technical assistance with installation is required:

Fuel requirements:

Type:

Availability:

A shortfall will require a mission request for supporting equipment.

Will Logistics Support for Parts Replenishment Be Available to Maintenance Shop Support:

☐ Yes

Logistics liaison:

Contact information:

Describe the capability to receive and unload parts:

A shortfall will require a mission request for supporting equipment.

☐ No

List Types of Vehicles or Equipment Requiring Repairs:

Type	Location	Use	Point of Contact

Provide a List of Immediate Priorities for the Maintenance Shop Support:

List Space Where Maintenance Shop Support Can Be Located:

Location:

Point of contact:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 34
Medical Staff

Mission Request:

The mission is to provide medical staff with experience in acquiring medical supplies intended for distribution to residents affected by a disaster. The staff must have the knowledge to obtain medical supplies, such as pharmaceuticals, durable medical goods, and consumable medical supplies, required to provide assistance to residents as a result of a disaster. The entity requesting medical supplies must work closely with the state or local health department and credentialed physicians and pharmacists to provide the subject matter expertise for the procurement and distribution of medical supplies.

Provide a Brief Description of the Current Need for Medical Staff:

List the number of staff needed:

List any special skills being requested:

National certifications:

NIMS description or typing:

List medical points of distribution and point of contact:

List current priorities:

Other:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 35
Medical Transport

Mission Request:

The mission is to provide adequately staffed transportation for those who require assistance due to medical conditions and safely transport those requiring transportation. It is expected that a variety of transport vehicles may be needed due to varying patient requirements.

Provide a Description of Patient Transport Needs:

Describe transport needs, including transport needs for medical equipment that must accompany patients:

List number of patients to be transported:

List condition of patients to be transported:

List number of patients requiring emergency transport care:

List priorities:

Describe Any Special Equipment or Vehicle Needs Related to Transport:

Basic transport:

Advanced life support:

Bariatric equipment:

Neo-Natal equipment:

Functional needs:

High ground clearance vehicle:

Specially equipped vehicle (describe):

Vehicle charging systems:

Biohazard disposal capabilities:

Communications systems:

On-Board oxygen systems

Provide a Brief Description of Needs for Fuel and Maintenance for Participating Vehicles:

List fuel needs:

Type:

Means of delivery:

List maintenance needs:

Staff:

Equipment:

Supplies

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted, there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Agencies or organizations submitting this mission request will need to assess patient needs, provide mission specifics, and have the capability to be flexible with transport methods due to the limited number of ambulances available within any given jurisdiction.

Pre-Scripted Mission Request 36
Medically Trained Staff for Functional Needs Shelterees

Mission Request:

The mission is to provide medically trained staff to support shelterees with access and functional needs, including children, who may require medical, physical, behavioral, or developmental support. These shelterees may require additional support until they can return to the care of service providers in the community.

List Estimated Number of Shelterees Being Cared for With Functional Needs:

Victims (requiring specialized medical care):

Survivors (requiring general sustaining care):

List General Types of Functional Needs Being Cared for:

List particular impairments:

List Locations of Functional Needs Care Facilities:

County:

Municipality:

Address:

Facility manager:

Contact information:

Name:

Phone:

Email:

Cell

Provide a Brief Synopsis of the Current Conditions at Each Facility:

List Languages Spoken at Each Facility:

Are translators needed?

List Preferred or Required Staff Certifications, Capabilities and Credentials:

Staff Position	Number of Staff Requested	Required Skills/Certifications

List Any Need for Medical Equipment:

Indicate if the equipment is considered typical or specialized medical equipment:

Type	Description	Need	Delivery Address
Typical			
Specialized			

List the Closest Operating Medical Facility:

List name of facility:

List address:

List phone number:

Indicate if it is a major, minor or clinic facility:

List the Closest Operational Pharmacy:

List name of pharmacy:

List address:

List phone number:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

This page is intentionally blank.

Pre-Scripted Mission Request 37
Technical Assistance for Critical Public Works and Engineering

Mission Request:

The mission is for a trained response team to provide assessment of facilities, technical advice, capability evaluations, engineering services, contracting for construction management and inspection, and contracting for the emergency repair of water and wastewater treatment facilities. The response team must be capable of assessing infrastructure which supports emergency operations and response and shall include, but not be limited to, the following:

- ξ The temporary replacement of critical public facilities, such as classrooms, health facilities, fire and EMS facilities, and other public service facilities
- ξ The ability to perform damage and needs assessments in relation to critical infrastructure
- ξ Technical assistance, including inspection of residential and commercial structures

Provide a Brief Synopsis of the Known Damage to Critical Infrastructure:

Critical public infrastructure:

Public safety facilities:

Public service facilities:

List known priorities for restoration efforts:

List Any Special Skills Being Requested:

National certifications:

NIMS description or typing:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables

Pre-Scripted Mission Request 38
Repairs to Residential Units

Mission Request:

The mission is to provide staffing, equipment, and coordination of services to execute repairs and services to residential units to restore habitability. The mission is for staff to perform repairs and clean-up services to residential units that need minimal work to restore habitability to displaced residents. The mission is to target residential units that have been evaluated to be structurally and environmentally safe to reoccupy and have access to the availability of minimal supporting infrastructure such as power, sewer, and a safe source of heat.

List the Types of Repairs, Magnitude of Repairs, Types of Building Where Services are Needed. Repairs Required May Include the Following:

Non Structural Repairs:

Temporary roofing repairs:

Weatherization projects (specify):

Debris removal:

Muck out flooded areas:

Board up openings:

Water removal:

HVAC source repair, removal, replacement:

Sheetrock removal/replacement:

Insulation removal:

Removal of water damaged possessions:

Building of temporary entry/exit access:

Elevator repairs:

Other, list:

Structural Repairs

Structural shoring:

Other, list (note some structural repairs may trigger code compliance regulations):

Other

List specific missions:

List Any Special Equipment Required to Conduct Repair Operations:

List Any Special Skill Sets Required By Staff:

Staff Position	Number of Staff Requested	Required Skills/Certifications

List the Minimal Tool Requirements to Be Carried By Staff:

List current shortfalls:

List Locations of Tool Caches Available and a Point of Contact for Each:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

List Any Affiliated Organizations Managing Staff Resources:

List Any Supporting or Assisting Agencies, Including Local, State, Regional, or Private Sector Organizations and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTES: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

The evaluation of structures for habitability will require a separate mission request for evaluation by code enforcement personnel.

This page is intentionally blank.

Pre-Scripted Mission Request 39
Search and Rescue Assistance

Mission Request:

The mission is to request assistance of specifically trained personnel capable of responding with the appropriate equipment to the affected area to search for and provide aid to people who are in distress or imminent danger. Search and rescue teams shall be capable of integrating with teams from other locations or agencies to conduct joint operations as needed. The search and rescue teams must be capable of responding with high angle, low angle, confined space, ground search, urban search, collapse or water rescue capabilities, and be capable of providing a logistics supply chain to sustain the individual team with the necessary supplies and equipment until local logistical support can be re-established.

Provide a Brief Description of the Search and Rescue Situation Including Shortfalls and Priorities:

Affected number of people:

Describe debris field to be encountered: Known

hazards in the area being searched:

Type of search and rescue capabilities required:

Number of teams requested:

List specific known challenges:

Shortfalls:

Priorities:

List On-Site Logistics Support Available for the Search and Rescue Team:

Personal protective equipment, consumable equipment:

Equipment replacement or repair:

Support resources:

List Any Special Skills Being Requested:

Position	Number Requested	Required Skills/Certifications

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 40
Shelter Support
(General Population Shelter)

Mission Request:

The mission is to provide operational support that may include general staff, staff with special credentials, equipment, supplies, food, water, facility functions, maintenance, or specified shortfalls to assist with shelter operations in supporting a general population shelter.

Provide a Brief Description of the Sheltering Needs:

List the number of shelters that need assistance:

Location:

Population:

Staff:

List number being requested:

List any special skills being requested:

National certifications:

NIMS description or typing:

Priorities:

Describe Logistical Support Required for Shelters:

Facility

Bedding:

Specific requirements:

Supplies

Water

Food:

Special dietary requirements

Equipment:

Specify

Medical

Mental health

Pharmaceutical
Security

Maintenance

Describe Logistical Support Required for Shelters Denoted as Being Pet Friendly:
(Describe logistical support required for pet friendly shelters.)

Food

Water

Cages

Equipment, describe

Clean up and disposal

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location

Point of contact

Contact information

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location

Point of contact

Contact information

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Once a mission request is submitted, there may be additional details that have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: If there are functional needs shelterees, additional or specific mission requests may be required to fulfill resources associated with functional needs shelterees.

This page is intentionally blank.

Pre-Scripted Mission Request 41
Specialty Fuel, Storage, and Distribution

Mission Request:

The mission is to provide various, specified types of fuel and the ability to safely store, transport and deliver the required fuel.

List Current Missions Requiring Fuel:

EXAMPLE

Mission	Equipment	Fill method	Fuel Type	Tank Size	Refill Rate	Priority
Power traffic light	Generator	Gas nozzle	gasoline	5 gal	8 hours	low
Shelter cooking	LP gas stove	tank nozzle	propane	100lb	72 hours	high
Power shelter	Generator	Diesel nozzle	#2 diesel	65 gal	24 hrs	high

Mission	Equipment	Fill method	Fuel Type	Tank Size	Refill Rate	Priority

List Current Needs:

Fuel:

Type:

Amount:

Priorities:

Permits:

Are permits or qualifications required to transport or deliver fuel?

Temporary storage:

Locations:

Type of fuel:

Means of dispensing:

Permits:

What is the quantity threshold for permit?

Who is the permitting agency?

Who is the point of contact for the permitting agency?

Environmental protection equipment:

Is appropriate equipment required for storage?

Fire suppression equipment:

Is appropriate equipment required for storage?

Fuel Type Reference:

Gasoline (with or without ethanol/ octane):

Diesel (on Road or off road):

Kerosene:

E85 Ethanol

Liquefied Natural Gas

Liquefied Propane

Propane

Hydrogen Gas

BioFuel

Heating Oil #2

Heating Oil #6

Aviation Fuel (specify types

Is Logistical Support Required for Procurement and Storage of Fuel?

Fuel handling equipment and storage tanks:

Secondary containment:

Pumping, loading and unloading equipment:

Secured storage including personnel:

Transportation:

Environmental cleanup material:

Supply chain documentation support:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

List The Agency and Point of Contact Responsible for Procurement of Fuel in the Affected Jurisdiction(s):

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

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Pre-Scripted Mission Request 42
Staff for Animal Rescue and Survival

(ESF#8 - National Disaster Medical System -National Veterinary Response Team)

Mission Request:

The mission is to provide staffing to assist with tactical animal rescue and survival following an incident. The staff must be capable of providing operational assistance to local animal health authorities, including early assessment of veterinary conditions and shortfalls. They will also be capable of providing primary field care to augment overwhelmed local capacity. Team expertise shall include caring for pets, livestock, zoo animals, and / or wildlife affected by disaster.

Provide a Brief Synopsis of the Current Animal Rescue and Care Challenges:

List zoos affected by incident:

List agricultural species affected by incident and approximate numbers

List Types of Animals Being Cared for, Including Any Populations Requiring Special Assistance:

Provide the Number of Response Animals Assisting First Response Agencies:

(Include response animals in the planning for food, supplies, etc.)

List Locations and Points of Contacts Currently Caring for Animals:

(Include shelter sites which have animal care capabilities.)

Are Any Community Animal Response Team (CART) Currently Engaged In Animal Care:

[CART: an organized network of animal and animal-agricultural resources available for planning, prevention, protection, mobilization, response and recovery related to emergency incidents]

Indicate the Types of Assistance Required:

- ☐ Assessing the veterinary medical needs of the community
- ☐ Medical treatment and stabilization of animals
- ☐ Animal disease surveillance
- ☐ Zoonotic disease surveillance and public health assessments
- ☐ Technical Assistance to assure food safety and water quality
- ☐ Care and support of animals certified as responders to a disaster or emergency

List Any Preferred or Required Staff Certifications, Capabilities, Credentials Required Including But Not Limited to:

Veterinarians:

Animal Health Technicians:

Pharmacists:

Epidemiologists:

Safety Officers:

Logisticians:

Communications:

Other Support Personnel

Is Special Transportation or Moving of Supplies or Equipment Assets Required?

Is There a Need For Typical Veterinary Medical Equipment:

List type and need:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

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Pre-Scripted Mission Request 43
Commodity Points of Distribution (C-POD) Staff

Mission Request:

The mission is to provide personnel to staff commodity points of distribution. Staff should be capable of strenuous labor, operation of material handling equipment, extended hours of operation, and should possess customer service skills and be capable of interacting with incident survivors. Expected duties may include management tasks, accounting tasks, operation of material handling equipment, and direct distribution of commodities to survivors at a commodity point of distribution.

List the Number and Type of C-PODs in Operation:

Type	Mechanism	People served per day	In Operation? (y/n)	Number in Operation
[REDACTED]	[REDACTED]	[REDACTED]		
	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]		

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Type	Mechanism	Characteristics
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

List Staff Requirements:

C-POD Staffing: Pedestrian-based Model, Type I								
Position	Operating Pattern 1		Operating Pattern 2		Operating Pattern 2		Special Training or Certification	List Staff Requirements
	Day	Night	Day	Night	Day	Night		
C-POD Manager	1	1	1	1	1	0		
Deputy C-POD Manager	1	1	1	1	1	0		
Safety Officer	1	1	1	1	1	0		
Security/Law Enforcement Supervisor	1	1	1	1	1	0	Qualified or certified public safety officer	
Loading/Ration Point Crew Leader	1	1	1	0	1	0		
Loading/Ration Point Specialists	16	16	16	0	16	0		
Flow Crew Leader	1	1	1	1	1	0		
Flow Specialists	10	10	10	0	10	0		
Off-Loading /Supply Crew Leader	2	2	2	2	2	0		
Off-Loading/Supply Specialists	16	16	16	16	16	0	Certified or trained to operate a forklift or pallet jack	
TOTALS	50	50	50	23	50	0		

C-POD Staffing:								
Vehicle-based Model, Type I								
Position	Operating Pattern 1		Operating Pattern 2		Operating Pattern 2		Special Training or Certification	List Staff Requirements
	Day	Night	Day	Night	Day	Night		
C-POD Manager	1	1	1	1	1	0		
Deputy C-POD Manager	1	1	1	1	1	0		
Safety Officer	1	1	1	1	1	0		
Security/Law Enforcement Supervisor	1	1	1	1	1	0	Qualified or certified public safety officer	
Security/Law Enforcement Staff	4	4	4	1	4	0		
Loading/Ration Point Crew Leader	1	1	1	1	1	0		
Loading/Ration Point Specialists	36	36	36	0	36	0		
Flow Crew Leader	1	1	1	1	1	0	Experience with traffic control is preferred.	
Flow Specialists	8	8	8	0	8	0		
Off-Loading /Supply Crew Leader	1	1	1	1	1	0		
Off-Loading /Supply Specialists	24	24	24	24	24	0	Certified or trained to operate a forklift or pallet jack	
TOTALS	79	79	79	32	79	0		

C-POD Staffing: Vehicle-based Model, Type II								
Position	Operating Pattern 1		Operating Pattern 2		Operating Pattern 2		Special Training or Certification	List Staff Requirements
	Day	Night	Day	Night	Day	Night		
C-POD Manager	1	1	1	1	1	0		
Deputy C-POD Manager	1	1	1	1	1	0		
Safety Officer	1	1	1	1	1	0		
Security/Law Enforcement Supervisor	1	1	1	1	1	0	Qualified or certified public safety officer	
Security/Law Enforcement Staff	2	2	2	1	2	0		
Loading/Ration Point Crew Leader	1	1	1	1	1	0		
Loading/Ration Point Specialists	18	18	18	0	18	0		
Flow Crew Leader	1	1	1	0	1	0	Experience with traffic control is preferred.	
Flow Specialists	4	4	4	0	4	0		
Off-Loading /Supply Crew Leader	1	1	1	1	1	0		
Off-Loading /Supply Specialists	12	12	12	12	12	0	Certified or trained to operate a forklift or pallet jack	
TOTALS	43	43	43	19	43	0		

C-POD Staffing: Vehicle-based Model, Type III								
Position	Operating Pattern 1		Operating Pattern 2		Operating Pattern 2		Special Training or Certification	List Staff Requirements
	Day	Night	Day	Night	Day	Night		
C-POD Manager	1	1	1	1	1	0		
Deputy C-POD Manager	1	1	1	1	1	0		
Safety Officer	1	1	1	1	1	0		
Security/Law Enforcement Supervisor	1	1	1	1	1	0	Qualified or certified public safety officer	
Security/Law Enforcement Staff	1	1	1	1	1	0		
Loading/Ration Point Crew Leader	1	1	1	1	1	0		
Loading/Ration Point Specialists	9	9	9	0	9	0		
Flow Crew Leader	1	1	1	0	1	0	Experience with traffic control is preferred	
Flow Specialists	2	2	2	0	2	0		
Off-Loading /Supply Crew Leader	1	1	1	1	1	0		
Off-Loading /Supply Specialists	6	6	6	6	6	0	Certified or trained to operate a forklift or pallet jack	
TOTALS	25	25	25	13	25	0		

Will Requested Staff Need to Be Self Supporting or is Logistics Support Available?

What Supplies Will Be Required for the Operational Staff?

This section can be used for supply planning for staff under other mission requests.

			Quantity for Vehicle Type			Quantity for Pedestrian Type	Preferred or Required
	Item	Unit	I	II	III	I	
Safety							Required
Supplies							

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Item	Unit	I	II	III	I	Preferred or Required	

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Describe Conditions in the Area:

Weather:

Roadways:

Security:

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

SPECIAL NOTE: For operational efficiencies, consider a centralized base camp operation for C-POD support staff which will include transportation to sites.

Pre-Scripted Mission Request 44
Status Report Update

Mission

The mission of the Pre-Scripted Mission Request is to be able to provide a Status Report on the emergency to all those involved in the emergency.

Date: **Time:**

Brief Narrative Describing Event:

Management System Control Number:

Federal: State: Local:

FEMA Event Number:

Preparer

Print _____ Signature _____

Jurisdiction _____

List the Mission Point of Contact: (allow space for multiple entries)

Name:

Location:

Email:

Phone:

Fax:Cell:

Other:

List the ESFs Tasked for this Mission:

Provide the Existing Conditions for Staff Consideration:

Lodging type:

Food-Water:

Shower facilities:

Laundry facilities:

Banking facilities:

Transportation to/from place of operations:

Internet availability:

Administrative support for staff:

Operational communications capabilities:

Special clothing requirements:

Known safety considerations:

Operational periods:

Staff should expect to be self-supporting for days.

List Any Credentials that May Be Required or Locations Where Verification or Credentials are Issued:

Choose the Mission Priority:

- | | | |
|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Immediate | <input type="checkbox"/> Next 24 | <input type="checkbox"/> Next 48 |
| <input type="checkbox"/> Next 72 | <input type="checkbox"/> Specific: | |

Choose the Mission Type:**

- | | |
|-------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Victim Support | <input type="checkbox"/> Survivor Support |
| <input type="checkbox"/> Support Resource | <input type="checkbox"/> Infrastructure Restoration |

Provide a Summary of Activities Currently Taking Place, Relative to the Specific Mission Request:

What is the Estimated Duration for:

Incident operations:

The requested mission:

List a Statement of the Expected Outcome of the Mission:

Where is the Tactical Location of the Mission?

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

How Would you Define the Incident Area:

- ☐ Urban
- ☐ Suburban
- ☐ Rural

List the Jurisdictions Affected By the Incident: (allow for multiple entries)

List the Operational Air, Rail, and Waterway Terminals Which are Located Adjacent to or Within the Disaster Area:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Mission Review:

☐ Approved ☐ Approved with modification ☐ Denied w/Justification

****SPECIAL NOTES:**

1. Once tasked, provide itinerary for mission assets where appropriate.
2. Prepare maps for response and support agencies.
3. Definitions:
 - a. Injured: specify degree, those requiring care at a dedicated medical care facility
 - b. Victims: those who are injured but ambulatory with minor medical needs
 - c. Survivors: those who are not injured but are in need of assistance for basic needs
 - d. Support Resource: any resource applied in the execution of any task or mission
 - e. Infrastructure restoration: to reestablish any type of infrastructure being used daily pre-event

Pre-Scripted Mission Request 45
Storm Emergency Fire Units (SEFU)

Mission Request:

The mission is for the fire service response personnel to provide assistance during storm response while being self-sufficient with food, water, and clothing for 72 hours. Storm emergency fire units are to be capable of providing the following equipment and staffing:

- £ Minimum of two Self Contained Breathing Apparatus (SCBA) qualified firefighters with personal protective equipment
- £ Two SCBA with spare cylinders
- £ Fire department owned 4-wheel drive vehicle
- £ Portable pump, matching hard suction with strainer
- £ 200 feet of discharge hose, necessary fittings and adopters
- £ Portable generator
- £ Electric adapters to fit household receptacles
- £ Portable lighting for night operations
- £ Fuel for pump and generator
- £ Chain saw, including fuel and oil
- £ Two shovels
- £ Carbon monoxide (CO) detector
- £ Pressurized water fire extinguisher (or equivalent)
- £ 10lb ABC dry chemical or carbon dioxide fire extinguisher

Provide a Brief Description of the Need for Storm Response Units Including Shortfalls And Priorities:

Primary tasks or functions to be performed:

Number of teams requested (ex. two per team plus one vehicle):

Known hazards in the area of operation:

Known operational limitations:

Equipment compatibility issues:

Shortfalls:

Priorities:

Provide a Brief Description of the Fueling Plan:

(Is a fueling plan in place which includes fuel type, means of delivery, schedule and availability?)

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

Pre-Scripted Mission Request 46
Technical Support for a CBRNE Event
(CNRNE – Chemical, Biological, Radiological, Nuclear, High Yield Explosive)

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Position	Number Requested	Required Skills/Certifications

[REDACTED]

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Pre-Scripted Mission Request 47
Technical Support for Environmental Impact

Mission Request:

The mission is to provide support for a coordinated response to actual or potential discharges or releases of hazardous materials that threaten human health, welfare, or the environment. The staff must possess the technical capabilities to perform assessments, operate analytical equipment, determine the source of the contamination, develop clean up strategies, properly collect, segregate and dispose of waste, and identify and provide an interface with environmental clean-up contractors.

Date of Incident:

Time Incident Occurred:

Describe the Current Known Extent of the Hazardous Material Incident:

The Cause of the Incident Has Been Determined As:

☐ Accidental ☐ Intentional ☐ Unknown

List the Consequences of Incident:

Estimated number of fatalities:

Estimated number of people exposed:

Estimated number of structures contaminated:
Occupancy use:

Extent:

Critical infrastructure contaminated:
Type:

Extent:

Material contaminated:

Which Emergency Response Agencies Have Committed to the Response:

Type:

Activities:

Is an Advanced Assessment Team Element Required? If so, List Required Skills:

Staff Position	Number of Staff Requested	Required Skills/Certifications

Technical Assistance Requested is to Include the Following:

- ☐ Determining boundaries of incident
- ☐ Determining levels of contamination
- ☐ Decontamination of personnel, impacted structures and/or environmental media (soil/surface waters/groundwater etc)
- ☐ Remediation of affected victims, survivors and objects
- ☐ Laboratory support
- ☐ Crime scene investigation
- ☐ Containment, collection, segregation and packaging material for removal
- ☐ Long term recovery and monitoring
- ☐ Waste disposal

Indicate the Logistical Support Needed for the Support Staff:

Decontamination:

Security:

Logistics support

Consumables:

Equipment:

Calibration:

Calibration gases:

Private sector support:

Define elements required.

Staging/temporary storage areas and containers:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

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Pre-Scripted Mission Request 48
Temporary Communications Infrastructure

Mission Request:

The mission is to provide temporary communications support, equipment, such as communication platforms, a limited communications backbone, individual portable devices, satellite communications, and operational staff, to support operations within a defined operational area.

Provide a Brief Description of the Current Known Communications Capabilities, Needs and Priorities:

Communication Capability	Status	Needs	Priorities
Broadcast system support			
Two-way system (digital or analog)			
Portable Radios			
Operational Frequency Band			
FCC license/assigned frequencies			

Describe Power Needs:

Utility:

Generators:

Combination:

Other:

Solar:

Battery:

Flywheel:

Limitations:

Describe Cell Phone Needs:

Quantity needed:

Are local cell sites operational and available?

Is a portable cell site needed?

Describe Internet Needs:

Are telephone lines available and operational?

Is cable internet connectivity available and operational?

Will Wi-Fi hot spot service provide needed support?

Will secure internet capabilities be required?

Describe Teleconferencing Needs:

Audio:

Video:

Both:

Internet webinars:

Describe Communications Support Vehicle Needs:

Type of vehicle:

Number of vehicles needed:

List vehicle limitations within the area or in route to the staging area:

Height:

Length:

Weight:

Angle of departure:

Other limitations:

Provide a Brief Description of the Staff Being Requested to Support the Mission:

Staff Position	Number of Staff Requested	Required Skills/Certifications

List the Location Where the Products and Services Will Be Delivered:

County:

Municipality:

Address of location:

Point of contact:

Contact information:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 49
Temporary Housing Locator

Mission Request:

The mission is to request staff with the expertise to assist in locating, planning, placing and coordinating post disaster temporary housing needs. Staff members are to have some familiarity with one or more topics such as local real estate and demographic characteristics, real estate database management relevant to local properties, property acquisition expertise, familiarity with the concept of adaptive reuse and exposure to disaster housing planning and execution challenges, GIS mapping capabilities and relevant local data sets, and the function of local environmental regulations related to housing. The formation of a Functional Group of individuals executing the mission must be able to work within the emergency management response structure and have the ability to focus on the challenge of providing temporary housing to displaced residents.

Provide an Overview on the General Housing Conditions Within the Affected Area:

List the Neighborhoods Affected by the Incident (if applicable, allow for multiple entries):

Provide the Condition of Supporting Infrastructure:

Power:

Estimated time to restoration:

Gas:

Estimated time to restoration:

Roads:

Estimated time to restoration:

Water:

Estimated time to restoration:

Sewer:

Estimated time to restoration:

First Response Services:

Estimated time to restoration:

Working in Conjunction With the Building Assessment Team, Provide an Estimate of the Number of Housing Units that are Uninhabitable:

Multiple occupancy buildings:

Whole structures:

Partial:

Number of units uninhabitable:

Single family occupancies:

Destroyed:

Uninhabitable:

Provide Demographics for the Affected Neighborhoods:

Senior:

Families:

Children:

Ethnic groups:

Language spoken:

Functional needs:

Financial

Provide Estimates for Displaced Residents that Fall Into the Following Categories:

With pets or service animals:

With personal transportation:

Who rely on mass transit:

Who rely on personal transportation for work:

Who rely on mass transit for work:

Willing to relocate permanently:

Estimate the Number of Survivors Requiring Housing:

Number of family units:

List Any Special Skills Being Requested:

National certifications:

NIMS description or typing:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Private Industry Partners Associated With Temporary Housing Mission:

Name of partner:

Point of contact:

Contact information

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 50
Functional Team Support for Drinking Water Planning and Procurement
(US Army Corps of Engineers Water Mission)

Mission Request:

The mission is to identify and provide staff capable of managing the procurement of life-sustaining commodities such as water. The team shall be capable of:

- £ Providing assistance and guidance with planning
- £ Assessing requirements
- £ Account for commodities entering and leaving the staging area
- £ Coordinating transportation resources
- £ Procurement
- £ Distributing potable water to points of distribution

Provide a Brief Synopsis of the Estimated Population Being Cared for:

Provide an Overview of the Condition of Transportation Infrastructure Within the Operational Area:

Surface:

Rail:

Aviation:

Maritime:

Provide a Brief Description of the Need for Water:

Provide a Description of the Current Need for Staffing, Including Special Skills Requested:

National certifications:

NIMS description or typing:

Staff Position	Number of Staff Requested	Required Skills/Certifications

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 51
Emergency Medical Services Support

Mission Request:

The mission is to identify and provide staff and equipment capable of performing emergency medical services that aids the responders and general population in preserving life. The responding units should consist of basic life support certified personnel and equipment. The team shall be capable of:

- ξ Providing assistance and guidance with planning
- ξ Assessing injuries
- ξ Accounting for injured leaving the incident area
- ξ Coordinating transportation resources
- ξ Procurement

Provide a Brief Synopsis of the Estimated Population Being Cared for:

Provide a description of the current need for staffing, including special skills requested:

BLS certifications:

ALS certifications:

NIMS description or typing:

Staff Position	Number of Staff Requested	Required Skills/Certifications

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 52
Improvised Explosive Device Support

Mission Request:

The mission is to identify and provide staff and equipment capable of performing tasks related to Improvised Explosive Devices (IED) that would assist in identification, disarming and dismantling IED's. The responding units should consist of personnel certified by the Federal Bureau of Investigation (FBI) and having equipment necessary to perform the tasks at hand. The team shall also be capable of:

- € Providing assistance and guidance with planning
- € Assessing devices
- € Account for terrorism related incidents
- € Coordinating resources
- € Procurement

Provide a Description of the Current Need for Staffing, Including Special Skills Requested:

Staff Position	Number of Staff Requested	Required Skills/Certifications

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

Pre-Scripted Mission Request 53
Emergency Towing Support

Mission Request:

The mission is to identify and provide staff and equipment capable of performing tasks related to emergency towing support that would assist in removing vehicles occupied and unoccupied and debris that would assist in the opening the roadway infrastructure to assist first responders in providing life supporting services. Emergency towing support would also provide assistance to energy responders in performing their duties to provide vital services. The responding units should consist of personnel certified and experienced in removal of vehicles and debris and have the necessary equipment to perform all tasks. The team shall also be capable of:

- § Providing assistance and guidance with planning
- § Assessing situations
- § Coordinating resources
- § Procurement

Provide a Description of the Current Need for Staffing, Including Special Skills (Heavy or Light Duty or Special Needs) Requested:

Provide Reporting Location Information:

County:

Municipality:

Address of reporting location:

Point of contact:

Contact information:

Will facility be environmentally conditioned for weather conditions?

List Any Local, Regional, State, or Federal Support or Assisting Agencies for this Mission and Points of Contact for Each:

Provide a Brief Description of Current Demobilization Plans:

(The demobilization plan shall specify demobilization staging locations and any special instructions.)

Indicate Any Special Requirements Not Outlined Above:

Once a mission request is submitted there will be additional details that may have to be addressed between the requesting and providing agencies or organizations.

SPECIAL NOTE: Logistic requirements support may be needed. If teams are not self supporting, list any resources that may be needed:

Equipment support:

Personal protective equipment:

Consumables:

